

HEALTH INSURANCE SERVICES
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SECTION B

PART I PRICE - HEALTH INSURANCE

B.1. Health Insurance Services.

The Contractor shall provide the Health Insurance services to employees of the Government of the United States of America in Argentina as described in Section C and the Exhibits in Section J. The groups of employees who shall be provided this insurance are listed in C.6. This insurance shall be provided in accordance with Section C and the Exhibits in Section J.

B.1.1. Official Residence Employees (ORE) are included under this contract only as a rider; the contractor shall bill the Chief of Mission separately for ORE employee insurance at the rates specified below. See Section C.6.2 and G for billing procedures.

B.1.2 The US Government local retirees, hereinafter referred to as “retiree”, are included under this contract only as a rider on voluntary base. The contractor shall offer retirees the option of subscribing to the coverage described in this contract as stated in section C.17. The contractor shall bill those retirees who decide to join the health plan directly, at the rates stated below.

B.2. Prices.

The contract type shall be a fixed price with economic price adjustment requirement type contract under which will be issued firm, fixed-price task orders. The fixed prices/premium rates (in local currency) for the health insurance services as specified in Section C and Attachment A of Section J are as follows:

Annual rates per employee: Offerors shall fill a unit rate per employee in column (b) for each of the categories listed below. The unit rate per employee should reflect the total retention for that category, including commissions, administrative fees, taxes, etc. Offerors should then multiply the unit rate in column (b) by the estimates number of employees in the category as provided in column (a), the resulting total premium to be completed in column (c). Finally, offerors should enter each category total in the Summary Base Year to obtain the total price for base year.

B.2.1. USG EMPLOYEES (see Section C.6.1)

B.2.1.1 BASE YEAR.**CATEGORY A: SINGLE FEMALE EMPLOYEES**

Base year

Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	11		
	1	1		
	2	0		
	3	0		
	4+	0		
31-40 years	0	6		
	1	1		
	2	0		
	3	0		
	4+	0		
41-50 years	0	5		
	1	4		
	2	0		
	3	0		
	4+	0		
51-65 years	0	5		
	1	3		
	2	2		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY B: SINGLE MALE EMPLOYEES				
Base year				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	5		
	1	2		
	2	0		
	3	0		
	4+	0		
31-40 years	0	4		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	2		
	1	0		
	2	0		
	3	1		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY C: MARRIED COUPLES (MALE OR FEMALE EMPLOYEES)				
Base year				
Employee Age	Children	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	2		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	14		
	1	11		
	2	11		
	3	5		
	4+	3		
41-50 years	0	5		
	1	11		
	2	20		
	3	6		
	4+	3		
51-65 years	0	12		
	1	12		
	2	11		
	3	2		
	4+	0		
>65 years	0	3		
	1	0		
	2	1		
	3	0		
	4+	0		
CATEGORY TOTAL:				

SUMMARY BASE YEAR			Adjusted Total Premium
CATEGORY A; SINGLE FEMALE EMPLOYEES:			
CATEGORY B: SINGLE MALE EMPLOYEES:			
CATEGORY C: MARRIED COUPLES (MALE OR FEMALE EMPLOYEES)			
TOTAL PRICE FOR BASE YEAR (CATEGORIES A + B + C)			

B.2.1.2. OPTION YEAR 1				
CATEGORY A: SINGLE FEMALE EMPLOYEES option year 1				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	11		
	1	1		
	2	0		
	3	0		
	4+	0		
31-40 years	0	6		
	1	1		
	2	0		
	3	0		
	4+	0		
41-50 years	0	5		
	1	4		
	2	0		
	3	0		
	4+	0		
51-65 years	0	5		
	1	3		
	2	2		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY B: SINGLE MALE EMPLOYEES option year 1				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	5		
	1	2		
	2	0		
	3	0		
	4+	0		
31-40 years	0	4		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	2		
	1	0		
	2	0		
	3	1		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY C: MARRIED COUPLES (MALE OR FEMALE EMPLOYEES)				
option year 1				
Employee Age	Children	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	2		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	14		
	1	11		
	2	11		
	3	5		
	4+	3		
41-50 years	0	5		
	1	11		
	2	20		
	3	6		
	4+	3		
51-65 years	0	12		
	1	12		
	2	11		
	3	2		
	4+	0		
>65 years	0	3		
	1	0		
	2	1		
	3	0		
	4+	0		
CATEGORY TOTAL:				

SUMMARY OPTION YEAR 1			Adjusted Total Premium
CATEGORY A; SINGLE FEMALE EMPLOYEES:			
CATEGORY B: SINGLE MALE EMPLOYEES:			
CATEGORY C: MARRIED COUPLES (MALE OR FEMALE EMPLOYEES)			
TOTAL PRICE FOR BASE YEAR (CATEGORIES A + B + C)			

B.2.1.3. OPTION YEAR 2				
CATEGORY A: SINGLE FEMALE EMPLOYEES option year 2				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	11		
	1	1		
	2	0		
	3	0		
	4+	0		
31-40 years	0	6		
	1	1		
	2	0		
	3	0		
	4+	0		
41-50 years	0	5		
	1	4		
	2	0		
	3	0		
	4+	0		
51-65 years	0	5		
	1	3		
	2	2		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY B: SINGLE MALE EMPLOYEES option year 2				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	5		
	1	2		
	2	0		
	3	0		
	4+	0		
31-40 years	0	4		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	2		
	1	0		
	2	0		
	3	1		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY C: MARRIED COUPLES (MALE OR FEMALE EMPLOYEES) option year 2				
Employee Age	Children	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	2		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	14		
	1	11		
	2	11		
	3	5		
	4+	3		
41-50 years	0	5		
	1	11		
	2	20		
	3	6		
	4+	3		
51-65 years	0	12		
	1	12		
	2	11		
	3	2		
	4+	0		
>65 years	0	3		
	1	0		
	2	1		
	3	0		
	4+	0		
CATEGORY TOTAL:				

SUMMARY OPTION YEAR 2			Adjusted Total Premium
CATEGORY A; SINGLE FEMALE EMPLOYEES:			
CATEGORY B: SINGLE MALE EMPLOYEES:			
CATEGORY C: MARRIED COUPLES (MALE OR FEMALE EMPLOYEES)			
TOTAL PRICE FOR BASE YEAR (CATEGORIES A + B + C)			

B.2.1.4. OPTION YEAR 3				
CATEGORY A: SINGLE FEMALE EMPLOYEES option year 3				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	11		
	1	1		
	2	0		
	3	0		
	4+	0		
31-40 years	0	6		
	1	1		
	2	0		
	3	0		
	4+	0		
41-50 years	0	5		
	1	4		
	2	0		
	3	0		
	4+	0		
51-65 years	0	5		
	1	3		
	2	2		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY B: SINGLE MALE EMPLOYEES option year 3				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	5		
	1	2		
	2	0		
	3	0		
	4+	0		
31-40 years	0	4		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	2		
	1	0		
	2	0		
	3	1		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY C: MARRIED COUPLES (MALE OR FEMALE EMPLOYEES) option year 3				
Employee Age	Children	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	2		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	14		
	1	11		
	2	11		
	3	5		
	4+	3		
41-50 years	0	5		
	1	11		
	2	20		
	3	6		
	4+	3		
51-65 years	0	12		
	1	12		
	2	11		
	3	2		
	4+	0		
>65 years	0	3		
	1	0		
	2	1		
	3	0		
	4+	0		
CATEGORY TOTAL:				

SUMMARY OPTION YEAR 3			Adjusted Total Premium
CATEGORY A; SINGLE FEMALE EMPLOYEES:			
CATEGORY B: SINGLE MALE EMPLOYEES:			
CATEGORY C: MARRIED COUPLES (MALE OR FEMALE EMPLOYEES)			
TOTAL PRICE FOR BASE YEAR (CATEGORIES A + B + C)			

B.2.1.5. OPTION YEAR 4				
CATEGORY A: SINGLE FEMALE EMPLOYEES option year 4				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	11		
	1	1		
	2	0		
	3	0		
	4+	0		
31-40 years	0	6		
	1	1		
	2	0		
	3	0		
	4+	0		
41-50 years	0	5		
	1	4		
	2	0		
	3	0		
	4+	0		
51-65 years	0	5		
	1	3		
	2	2		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY B: SINGLE MALE EMPLOYEES option year 4				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	5		
	1	2		
	2	0		
	3	0		
	4+	0		
31-40 years	0	4		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	2		
	1	0		
	2	0		
	3	1		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY C: MARRIED COUPLES (MALE OR FEMALE EMPLOYEES) option year 4				
Employee Age	Children	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	2		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	14		
	1	11		
	2	11		
	3	5		
	4+	3		
41-50 years	0	5		
	1	11		
	2	20		
	3	6		
	4+	3		
51-65 years	0	12		
	1	12		
	2	11		
	3	2		
	4+	0		
>65 years	0	3		
	1	0		
	2	1		
	3	0		
	4+	0		
CATEGORY TOTAL:				

SUMMARY OPTION YEAR 4			Adjusted Total Premium
CATEGORY A; SINGLE FEMALE EMPLOYEES:			
CATEGORY B: SINGLE MALE EMPLOYEES:			
CATEGORY C: MARRIED COUPLES (MALE OR FEMALE EMPLOYEES)			
TOTAL PRICE FOR BASE YEAR (CATEGORIES A + B + C)			

B.2.1.6. GRAND TOTAL BASE PERIOD PLUS OPTION YEARS:

	PESOS IVA INCLUDED
BASE YEAR OF CONTRACT - B.2.1.1	
FIRST OPTION YEAR OF THE CONTRACT - B.2.1.2	
SECOND OPTION YEAR OF THE CONTRACT - B.2.1.3	
THIRD OPTION YEAR OF THE CONTRACT - B.2.1.4	
FOURTH OPTION YEAR OF THE CONTRACT - B.2.1.5	

B.2.2 ORE EMPLOYEES (Included only as a rider. See section C.6.2)

B.2.2.1. BASE YEAR.				
CATEGORY A: ORE SINGLE FEMALE EMPLOYEES				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	2		
	1	0		
	2	0		
	3	0		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY B: ORE SINGLE MALE EMPLOYEES				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
51-65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY C: ORE MARRIED COUPLES (MALE OR FEMALE EMPLOYEES)				
Employee Age	Children	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	1		
	1	2		
	2	3		
	3	0		
	4+	0		
41-50 years	0	0		
	1	0		
	2	0		
	3	1		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

B.2.2.2.OPTION YEAR 1				
CATEGORY A: ORE SINGLE FEMALE EMPLOYEES Option year 1				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	2		
	1	0		
	2	0		
	3	0		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY B: ORE SINGLE MALE EMPLOYEES Option year 1				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
51-65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY C: ORE MARRIED COUPLES (MALE OR FEMALE EMPLOYEES) Option year 1				
Employee Age	Children	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	1		
	1	2		
	2	3		
	3	0		
	4+	0		
41-50 years	0	0		
	1	0		
	2	0		
	3	1		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

B.2.2.3.OPTION YEAR 2				
CATEGORY A: ORE SINGLE FEMALE EMPLOYEES Option year 2				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	2		
	1	0		
	2	0		
	3	0		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY B: ORE SINGLE MALE EMPLOYEES				
Option year 2				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
51-65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY C: ORE MARRIED COUPLES (MALE OR FEMALE EMPLOYEES) Option year 2				
Employee Age	Children	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	1		
	1	2		
	2	3		
	3	0		
	4+	0		
41-50 years	0	0		
	1	0		
	2	0		
	3	1		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

B.2.2.4 OPTION YEAR 3				
CATEGORY A: ORE SINGLE FEMALE EMPLOYEES Option year 3				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	2		
	1	0		
	2	0		
	3	0		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY B: ORE SINGLE MALE EMPLOYEES Option year 3				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
51-65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY C: ORE MARRIED COUPLES (MALE OR FEMALE EMPLOYEES) Option year 3				
Employee Age	Children	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	1		
	1	2		
	2	3		
	3	0		
	4+	0		
41-50 years	0	0		
	1	0		
	2	0		
	3	1		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

B.2.2.5 OPTION YEAR 4				
CATEGORY A: ORE SINGLE FEMALE EMPLOYEES Option year 4				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	2		
	1	0		
	2	0		
	3	0		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY B: ORE SINGLE MALE EMPLOYEES Option year 4				
Employee Age	Dependents	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
41-50 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
51-65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

CATEGORY C: ORE MARRIED COUPLES (MALE OR FEMALE EMPLOYEES) Option year 4				
Employee Age	Children	Estimated Number of Employees in Category (a)	Unit rate (b)	Total Premium (axb)
<21 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
21-30 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
31-40 years	0	1		
	1	2		
	2	3		
	3	0		
	4+	0		
41-50 years	0	0		
	1	0		
	2	0		
	3	1		
	4+	0		
51-65 years	0	1		
	1	0		
	2	0		
	3	0		
	4+	0		
>65 years	0	0		
	1	0		
	2	0		
	3	0		
	4+	0		
CATEGORY TOTAL:				

B.3 Administrative Retention Amounts

B.3.1 If the Contractor requests a price adjustment under B.4 below, it is required to present cost experience data that includes the retention amount. For purposes of any economic price adjustment, this retention amount is a fixed amount that will not be adjusted for any reason. B.3.2 sets forth the retention amounts per premium paid for each category of premium and for each period of performance.

NOTE TO OFFEROR - Fill in the fixed retention amounts for each period of performance and for each category of premium.

B.3.2 Retention Amounts **per separate premium paid**

Period of Performance	Single Employees (Self Only)	Family Plan
Base Period		
Option Year 1		
Option Year 2		
Option Year 3		
Option Year 4		

B.4. Economic Price Adjustment-Health Insurance Premiums.

B.4.1. For health insurance, prices may be adjusted upward or downward based on the experience rating of the Mission(s) covered by this contract. No adjustment will be allowed during the first six months of this contract. After such time, the contractor or the Government may request an adjustment in premiums on an annual basis. Before any such adjustment is made, the contractor agrees to provide the Government a balance sheet showing receipts (premiums received), payments (claims paid), the retention amount paid to the contractor, and the difference between amounts received and paid. The retention amount is not subject to adjustment. The Government reserves the right to have an independent third party review the balance sheet and make recommendations regarding the appropriateness of the requested adjustment. Any adjustment shall be subject to mutual agreement of the parties and shall result in a written modification to the contract. Any failure to reach agreement under this clause shall be subject to the procedures in the Disputes clause.

B.4.2. The rates may also be adjusted during the performance period of the contract as a result of laws enacted by the host Government, if such change in the laws has a direct impact on the cost to the contractor to perform this contract at the contracted rate. In that event, the Contracting Officer may enter into negotiations with the Contractor to modify the contract to adjust the premium rate. The contractor agrees to provide all documentation necessary to support any requested adjustment.

B.4.3 In case of contract price adjustment based on sections B.4.1 or B.4.2 the maximum reimbursable amount established in section C.3 will be adjusted accordingly.

PART II PRICE - GROUP LIFE INSURANCE

RESERVED

SECTION C DESCRIPTION/SPECIFICATION/WORK STATEMENT

PART I – HEALTH INSURANCE SERVICES.

C.1. Health Insurance Services.

The Government of the United States of America requires Health Insurance coverage for its employees in Argentina as further described in this section C. The Government has determined that the prevailing practice by employers in Argentina is to provide for their employees health insurance protection; that the cost of such insurance protection is usually borne by both the employee and the employer. Health insurance protection will be representative of locally prevailing compensation practice and shall comply throughout the complete period of the contract with the coverage requirements mandated by regulations enacted by the Government of Argentina, as a minimum. In no case will the coverage provided conflict with the Obligatory Medical Program ruled by the Government of the Argentine Republic or any other local regulation governing health insurance services.

The following benefits will not be covered by the health plan:

- a) Those in experimental stage, lacking scientific back up and/or not approved by the Argentine health regulatory authorities.
- b) Cosmetology.
- c) Psychiatric in – patients for chronic cases.
- d) Injuries resulting from participating in speed or high-risk competitions.
- e) In patients in chronic processes of any etiology known to be not reversible and not susceptible to medical and/or surgery treatments, with the exception of acute episodes or terminal status that may develop during those processes.
- f) Professional diseases and/or work accidents and any other benefits covered by work insurance companies (ART) under Work Risk Insurance mandated by Argentine regulations. The contractor shall provide the service and shall thereafter be reimbursed by the corresponding ART by subrogation of the contracting party.

The specific health benefit coverage under this contract is set forth in Section C and the Exhibits in Section J.

The Contractor shall insure that health care under this contract does not exclude HIV/AIDS care.

C.2 Employee and Dependent Health Services Benefits.

The health benefits under this contract are as follows. Proposals that contain more benefits (even if there is no increase in cost) or fewer benefits stated in the solicitation will be deemed technically unacceptable. Three types of health delivery systems are described below:

- **Closed System:** All services covered under this contract are offered without charge to the beneficiary (except when noted), using the professional staff and medical centers affiliated with the Contractor's medical plan. Physicians are Board Certified and re-certified in their specialty in accordance with the Argentine regulations. Medical clinics are properly staffed, equipped and have satisfactory reputation in the health care activity. Each health care provider complies with the insurance coverage required by FAR 52.237-7 (see section I.2)

- **Open System:** The beneficiary has a free choice of doctors and medical centers, pays the fees of the medical center or medical professional not affiliated with the plan, and is reimbursed by the Contractor for fees and expenses according to a schedule of pre-established fees and annual and per-case maximum limits.
- **Combined System:** The beneficiary utilizes services included under the Closed System with the assistance of outside professionals not affiliated with the Contractor's medical plan, pays the fees of the medical professional not affiliated with the plan, and is reimbursed by the provider according to a schedule of pre-established fees and annual and per-case maximum limits.

Eligible participants will have the option of obtaining services from any one of the three systems provided under the Contractor's medical plan. The coverage shall be provided by the contractor considering the three systems on an equal and simultaneous basis so that in case the time and amount limits of the open and/or combined plans are exceeded, the beneficiary may choose to continue the treatment under the closed plan without delays or extra cost whatsoever, and with the complete benefits of the closed plan including the corresponding medical practices, complementary tests, and the necessary materials and devices.

The Contractor shall offer services at medical centers located conveniently in the metropolitan area (Federal Capital), suburbs ("Conurbano Bonaerense") and other large cities in the Argentine Republic. As a minimum requirement, the Contractor shall offer the services described below at the medical centers listed in Section J, Exhibit D. The contractor may propose alternate medical centers providing they meet equal or higher professional standards than those originally listed.

The contractor shall offer an emergency and home urgency service in the metropolitan and suburban area with a maximum time of response of fifteen (15) minutes for emergencies and two (2) hours for urgencies.

C.3. Benefits and characteristics of each system.

C.3.1. Closed System.

The Contractor will provide the following services without charge and without time limits (except as noted below) through professional staff and/or medical centers affiliated with the Contractor's medical plan:

C.3.1.1. Out-Patient Medical Assistance

- ◆ Emergencies: A coordination office will answer emergency calls 24 hours a day. Through this office, a beneficiary may request a doctor's visit at home or the solution to any other medical or technical problem related to the plan.
- ◆ Doctor's office visits.
- ◆ Doctor's visits at beneficiary's home.
- ◆ Related tests, analyses, and x-rays.
- ◆ Medicine: 50% discount on retail prices.
- ◆ Radio-cobalt therapy and chemotherapy.
- ◆ Physical therapy and phono-audiology services.
- ◆ Allergy treatment, including skin tests and desensitization treatments, with no limit except in case of chronic disease.
- ◆ Psychiatric services: Diagnostic services and psychiatric or psychotherapeutic treatment.

C.3.1.2. In-Patient Medical Assistance

- ◆ Room charges, including room expenses (based on private room with private bath, as available), meals, and the usual and customary nursing care provided in hospitals and clinics, all free of charge and without time limits. Coverage of accompanying person expenses in hospitalizations of children below 15 years of age.
- ◆ Special services, including laboratory tests, x-rays, and ambulance services while hospitalized.
- ◆ Intensive care, intermediate care, and coronary care.
- ◆ Medicine and common disposable material such as catheters, cannulas, etc.
- ◆ Disposable specialized materials required for diagnosis, treatment, or surgery.
- ◆ Surgical fees, including all members of the surgical team.
- ◆ Non-surgical doctor's fees.
- ◆ Psychiatric hospitalization, up to 30 days per person per year, in case of acute mental disorder with a good prospect of recovery, including sanitarium and doctor's fees.

C.3.1.3. Coverage must include, **but is not limited to**, the following diagnosis and high technology elements.

- ◆ Cardiovascular surgery (with or without extracorporeal circulation).
- ◆ Central and Peripheral Hemodynamics and Digital Angiography.
- ◆ Arterial pressure holter.
- ◆ Nuclear magnetic resonance including brain, posterior fossa, column, knee, orbit and ear resonance and any other area in the human body.
- ◆ Laparoscopic surgery.
- ◆ Hospitalization for chemotherapy.
- ◆ Pain ambulatory treatment.
- ◆ Color ecodoppler used for diagnosing heart and all other vascular areas.
- ◆ Black and white cardiac, inferior limbs, spermatic cord, umbilical cord, penile doppler and any other region of the body.
- ◆ Brain mapping used for diagnosing some neurological alterations more precisely.
- ◆ Home care for all ages, including physician, nursing care, kinesitherapy, mental health, x-ray and laboratory. In the closed plan it shall include common disposable material and specialized material as well as devices
- ◆ Home assistance for the newly born with specialized staff, including incubator.
- ◆ Bone densitometry (one per person, annually. A higher frequency pursuant to physician's indication).
- ◆ Renal extracorporeal lithotripsy .
- ◆ Digestive videoendoscopy.
- ◆ Videoarthroscopy.
- ◆ Arthroscopy.
- ◆ Gamma camera, Spect.
- ◆ Plastic and articulate plaster.
- ◆ Genetic studies.

- ◆ Andrology (studies and consults).
- ◆ Urodynamics.
- ◆ Kinesic laser.
- ◆ Yag laser, dye laser and krypton laser (used in ophtalmology).
- ◆ Echographies, including perinatal encephalic echography.
- ◆ Arthroplasty.
- ◆ Sterility treatment - laparoscopy.
- ◆ Uterine cryosurgery.
- ◆ Varix microsurgery.
- ◆ Dialysis in acute cases. The chronic cases shall be covered under the closed plan, provided they are registered at the INCUCAI within 30 days of the beginning of treatment.
- ◆ Octopus.
- ◆ Computerized visual field.
- ◆ Dacryocystography.
- ◆ H.P.V. (herpes papiloma virus).
- ◆ H.I.V. (AIDS diagnosis)
- ◆ B.E.R.A. (Brainstem evoked response audiometry)
- ◆ Encephalographic ambulatory monitoring.
- ◆ Polytomography.
- ◆ Ecoflow.

NOTE:1) This list includes any other benefit mentioned in Appendix II of Decree N°486/02 of the Argentine Republic P.E.N. or any subsequent modification.

NOTE:2) The contractor shall incorporate any technological updating or upgrading that may take place throughout the term of the contract, subject to the legislation in force.

C.3.1.4. Maternity Benefits. The following benefits shall apply to normal deliveries and caesarean sections alike.

- ◆ Out-Patient Medical Assistance:
 - ✓ Medical fees related to pregnancy.
 - ✓ Related tests, analyses, and x-rays.
 - ✓ Medicines: 100% discount on retail prices, corresponding to maternity status.
 - ✓ Psychoprophylactic courses.
- ◆ In-Patient Medical Assistance:
 - ✓ Room charges.
 - ✓ Special services.
 - ✓ Intensive care, intermediate care, and coronary care.
 - ✓ Medicine and common disposable material such as cathethers, cannulas, etc.
 - ✓ Doctor's fees.
- ◆ Special coverage for the newly born, separate from the maximum limit or maternity coverage.

C.3.1.5. Dental Care

- ◆ Covered treatment, including:
 - ✓ Emergencies.
 - ✓ Dental appointments.
 - ✓ Dental procedures (caries, obturations).
 - ✓ Buccal surgery.
 - ✓ Endodontia.
 - ✓ Periodontics.
 - ✓ Preventive dental care (prophylaxis).
 - ✓ Pediatric dentistry.
 - ✓ X - rays related to covered treatments.
 - ✓ Dental emergencies for prostrated patients through “mobile” service.

Exclusions:

- ✓ Prosthesis.
- ✓ Orthodontia.

C.3.1.6. Coverage in Argentina Outside Metropolitan and Suburban Areas.

The provider shall coordinate through a National Emergency Coordination System the assistance of the beneficiaries throughout the country. The contractor shall have a toll free number available 365 days a year on a 24-hour basis. Payments will be made in accordance with section C.3.1.

C.3.2. Open System.

The Contractor will reimburse beneficiaries for the following services provided by professional staff and medical centers not affiliated with the Contractor’s medical plan, up to the maximum limits described below:

C.3.2.1. Out-Patient Medical Assistance

- ◆ Patients’ appointments at a doctor’s office or a doctor’s call at a patient’s home shall be reimbursed up to the following limits:

<u>Category</u>	<u>Max. Visits per Year (All Family Members)</u>	<u>Maximum Cost per Visit Reimbursed</u>
Single, no Dependents	15	\$ 100
Couple, no Dependents	30	\$ 100
Family with 1 – 4 unmarried children under 21/26	45	\$ 100
Family with more than 4 unmarried children under 21/26	60	\$ 100

- ◆ Related tests, analyses, and x-rays shall be reimbursed up to an annual maximum of \$4,500 per case, and subject to a maximum limit per individual test, analysis, or x-ray. The Contractor shall reimburse the following individual procedures up to the individual maximum amounts stated. The following is a partial list only; the Contractor shall attach a complete list of treatments and reimbursement amounts to Section J, Schedule A of this Contract:

SAMPLE PROCEDURE	\$ MAXIMUM
------------------	------------------

SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
etc.-----	\$ MAXIMUM

- ◆ Radio-cobalt therapy, chemotherapy, computer tomography (CAT scans), and magnetic resonance imaging shall be reimbursed up to an annual maximum of \$4,500 per case, and shall be subject to a maximum limit per individual treatment, as follows:

RADIO-COBALT THERAPY	\$ MAXIMUM
LINEAR ACCELERATOR	\$ MAXIMUM
CHEMOTHERAPY	\$ MAXIMUM
COMPUTER TOMOGRAPHY (CAT SCANS)	\$ MAXIMUM
MAGNETIC RESONANCE IMAGING	\$ MAXIMUM
GAMMA CAMERA/SPECT	\$ MAXIMUM

- ◆ Physical therapy and phono-audiology shall be reimbursed up to an annual maximum of \$1,000 per case, and shall be subject to a maximum limit per individual treatment, as follows:

PHYSICAL THERAPY	\$ MAXIMUM
PHONO-AUDIOLOGY	\$ MAXIMUM

- ◆ Allergy evaluations and desensitization treatments shall be reimbursed up to an annual maximum of \$890 per case, and shall be subject to a maximum limit per individual treatment, as follows:

ALLERGY EVALUATIONS	\$ MAXIMUM
DESENSITIZATION	\$ MAXIMUM

- ◆ Reimbursement for out-patient psychiatric treatment shall be excluded under the open system.

C.3.2.2. In-Patient Medical Assistance

- ◆ Room charges, including room expenses (based on private room with private bath, as available), meals, and the usual and customary nursing care provided in hospitals and clinics, shall be reimbursed up to a maximum of \$ 300 per day and for a period not to exceed 60 days per case.
- ◆ Special services, including laboratory tests, x-rays, and ambulance services while hospitalized shall be reimbursed up to a maximum of \$ 2,874 per case and for a period not to exceed 60 days per case.
- ◆ Intensive care, intermediate care, and coronary care shall be reimbursed up to a maximum of \$840 per day and for a period not to exceed 20 days per case.
- ◆ Medicine, common disposable material such as catheters, cannulas, etc., and specialized materials required for diagnosis, treatment, or surgery, shall be reimbursed up to a maximum of \$ 820 per case and for a period not to exceed 60 days per case.

- ◆ Surgical fees, including all members of the surgical team, shall be reimbursed up to a maximum of \$19,459 per case, and based on a “Galeno” value of \$ 68.00 per unit.
- ◆ Non-surgical doctor’s fees shall be reimbursed up to a maximum of \$1,853 per case, and based on a “Galeno” value of \$61.30 per unit.
- ◆ Reimbursement for psychiatric hospitalization shall be excluded under the Open System.

C.3.2.3. Maternity. The following benefits shall apply to normal deliveries and caesarean sections alike.

C.3.2.3.1. Out-Patient Medical Assistance: All services detailed below shall be reimbursed as described below and subject to a combined total maximum of \$4,600 per pregnancy (which total shall also include In-Patient Medical Assistance described at C.3.2.3.2., below).

- ◆ Medical fees related to pregnancy: Patients’ appointments at a doctor’s office or a doctor’s call at a patient’s home shall be reimbursed up to the following limits described above at C.3.2.1, above.
- ◆ Related tests, analyses, x-rays Y echographies shall be reimbursed up to an annual maximum of \$4,293 per case and subject to a maximum limit per individual test, analysis, or x-ray. The Contractor shall reimburse the following individual procedures up to the individual maximum amounts stated. The following is a partial list only; the Contractor shall attach a complete list of treatments and reimbursement amounts to Section J, Schedule A of this Contract:

SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
etc.-----	\$ MAXIMUM

- ◆ Medicines: 100% discount on retail prices.
- ◆ Psychoprophylactic courses.

SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
etc.-----	\$ MAXIMUM

C.3.2.3.2. In-Patient Medical Assistance: All services detailed below shall be reimbursed as described below and subject to a combined total maximum of \$4,600 per pregnancy (which total shall also include Out-Patient Medical Assistance described at C.3.2.3.2., above).

- ◆ Room charges, including room expenses (based on private room with private bath, as available), meals, and the usual and customary nursing care provided in hospitals and clinics, shall be reimbursed up to a maximum of \$ 300 per day and for a period not to exceed 60 days per case.

- ◆ Special services, including laboratory tests, x-rays, and ambulance services while hospitalized shall be reimbursed up to a maximum of \$2,874 per case and for a period not to exceed 60 days per case.
- ◆ Intensive care, intermediate care, and coronary care shall be reimbursed up to a maximum of \$840 per day and for a period not to exceed 20 days per case.
- ◆ Medicine and common disposable material such as catheters, cannulas, etc., shall be reimbursed up to a maximum of \$820 per case and for a period not to exceed 60 days per case.
- ◆ Doctor's fees.

C.3.2.4. Special coverage for the newly born, separate from the maximum limit of maternity coverage.

C.3.2.5. Dental Care

C.3.2.5.1. Dental services shall be reimbursed up to the annual maximums described below:

CATEGORY	MAXIMUM AMOUNT PER YEAR REIMBURSED
Single, no Dependents	\$ 1451
Couple, no Dependents	\$ 2466
Family with 1 unmarried child under 21 or up to 25	\$ 2974
Family with 2 unmarried children under 21 or up to 25	\$ 3191
Family with 3 unmarried children under 21 or up to 25	\$ 3481
Family with 4 or more than unmarried children under 21 or up to 25	\$ 3771

C.3.2.5.2. The following dental services shall be reimbursed up to the per-treatment maximums described below, and subject to the per-family annual maximum described in the previous paragraph:

CONSULTATIONS	
Consultation - File	\$ 40
Urgent consultation without previous steps	\$ 64
RESTORATIVE DENTISTRY	
Amalgam filling simple cavity	\$ 40
Amalgam filling compound cavity	\$ 46
Silicate filling simple cavity	\$ 28
Amalgam filling reconstruction with pin	\$ 60
Silicate filling compound cavity	\$ 40
Photocured technique Simple Or Compound	\$ 45 \$ 50
ENDODONTICS	
Pulp inflammation treatment.	

- Biopulpotomy. Necrosis	\$ 100
- Gangrene uniradicular	\$ 120
Pulp treatment.	
- Biopulpotomy. Necrosis	\$ 125
- Grangrene multiradicular	\$ 135
Partial necropulpectomy / Mummification	\$ 50
PREVENTIVE DENTISTRY	
Tartar removal and mechanical brushing	\$ 45
Preventive brushing, fluoride application	\$ 40
PEDIATRIC DENTISTRY	
Motivation up to three consultations including filing	\$ 45
Space retainer	\$ 100
Teeth treatment with formocresol	\$ 50
Metallic crown and similars	\$ 97
Cement-dentin fractures Pulp protection with Temporary crown	\$ 85
PERIODONTICS	
Consultation exam - diagnostic prognosis	\$ 40
Chronic marginal gingivitis treatment	\$ 85
Moderate destructive periodontitis treatment per unit	\$ 25
Severe destructive periodontitis treatment 6 mm. pocket per sector (six zones)	\$ 150
RADIOLOGY	
Periapical long cone technique	\$ 18
Intraoral X-Ray – Bite Wing	\$ 20
Occlusal intraoral X-Ray	\$ 26
Serial intraoral X-Ray 14 films short cone technique	\$ 120
Extra oral, first shot per subsequent shot	\$ 45
Temporo-mandibular joint	\$ 70
Panoramic	\$ 90
ORAL SURGERY	
Tooth extraction	\$ 40/\$ 45
Plastic. Bucco - sinus communication as a possible risk simultaneously with extraction	\$ 80
Biopsy by punction or aspiration	\$ 34
Stabilizing alveolectomy per six zones	\$ 20
Intraoral abscess incision and drainage	\$ 32
Biopsy by excision	\$ 34
Surgical enlargement of the clinic crown	\$ 45
Retained tooth or radicular remainder extraction	\$ 80/\$ 100
Apicectomy	\$ 150
Corrective alveolectomy per zones	\$ 20

EXCLUSIONS

Prosthesis
Orthodontia

C.3.2.6. Coverage in Argentina Outside Metropolitan and Suburban Areas

The contractor shall reimburse beneficiaries for medical services received throughout the country in accordance with the terms and conditions stated under the Open System (see Section C.3.2. above).

C.3.3. Combined System.

The Contractor will provide the following services, within the limitations described below, at medical centers affiliated with the Contractor's medical plan, when the services are ordered or otherwise supervised by doctors not affiliated with the plan.

C.3.3.1. Out-Patient Medical Assistance. The following services, when ordered by a doctor not affiliated with the Contractor's medical plan, shall be provided at medical centers affiliated with the Contractor's plan, without charge and without time limits (except as noted below), up to a maximum equivalent of \$4500 per case.

- ◆ Related tests, analyses, and x-rays.
- ◆ Radio-cobalt therapy, chemotherapy, computer tomography (CAT scans), Gamma Camera and SPECT.
- ◆ Magnetic resonance imaging.
- ◆ Physical therapy and phono-audiology services.
- ◆ Medicine: 50% discount on retail prices.
- ◆ Allergy treatment, including skin tests and desensitization treatments, up to a maximum of \$890 per patient per year.
- ◆ Reimbursement for out-patient psychiatric treatment shall be excluded under the Combined System.

C.3.3.2. In-Patient Medical Assistance. The Contractor shall provide the following services at medical centers affiliated with the Contractor's medical plan, subject to the limitations outlined below, when the in-patient care is directed by a doctor who is not affiliated with the Contractor's plan.

- ◆ Room charges, including room expenses (based on private room with private bath, as available), meals, and the usual and customary nursing care provided in hospitals and clinics, without charge for a period not to exceed 60 days per case.
- ◆ Special services, including laboratory tests, x-rays, and ambulance services while hospitalized, up to a maximum of \$2,874 per case and for a period not to exceed 60 days per case.
- ◆ Intensive care, intermediate care, and coronary care, without charge for a period not to exceed 20 days per case.
- ◆ Medicine, common disposable material such as catheters, cannulas, etc., and specialized material required for diagnosis, treatment, or surgery, up to a maximum equivalent of \$820 per case.
- ◆ Surgical fees, including all members of the surgical team, up to a maximum equivalent of \$19,459 per case, based on a "Galeno" value of \$68.00 per unit.
- ◆ Non-surgical doctor's fees, up to a maximum equivalent of \$1,853 per case, and based on a "Galeno" value of \$61.30 per unit.

- ◆ Reimbursement for psychiatric hospitalization shall be excluded under the Combined System.

C.3.3.3. Maternity. The following benefits shall apply to normal deliveries and caesarean sections alike.

C.3.3.3.1. Out-Patient Medical Assistance: The following services, when ordered by a doctor not affiliated with the Contractor's medical plan, shall be provided by medical centers affiliated with the Contractor's plan, without charge and without time limits, subject to the limitations described below and subject to a combined total maximum of \$4,600 per pregnancy (which total shall also include In-Patient Medical Assistance and Professional Fees described at sections C.3.2.1. and C.3.2.2, below).

- ◆ Related tests, analyses, x-rays and ecographies shall be provided up to a maximum equivalent \$4,500 per case, and subject to a maximum equivalent limit per individual test, analysis, or x-ray. The Contractor shall reimburse the following individual procedures up to the individual maximum amounts stated. The following is a partial list only; the Contractor shall attach a complete list of treatments and reimbursement amounts to Section J, Schedule A of this Contract:

SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
SAMPLE PROCEDURE	\$ MAXIMUM
Etc.	

- ◆ Medicines: 100% discount on retail prices.
- ◆ Psychoprophylactic courses.

C.3.3.3.2. In-Patient Medical Assistance: The Contractor shall provide the following services at medical centers affiliated with the Contractor's medical plan, when the in-patient care is directed by a doctor who is not affiliated with the Contractor's plan, subject to the limitations described below and subject to a combined total maximum of \$4,600 per pregnancy (which total shall also include Out-Patient Medical Assistance, described at C.3.2.1., above, and Professional Fees, described at C.3.2.2., below).

- ◆ Room charges, including room expenses (based on private room with private bath, as available), meals, and the usual and customary nursing care provided in hospitals and clinics, without charge for a period not to exceed 60 days per case.
- ◆ Special services, including laboratory tests, x-rays, and ambulance services while hospitalized, without charge for a period not to exceed 60 days per case.
- ◆ Intensive care, intermediate care, and coronary care, without charge for a period not to exceed 20 days per case.
- ◆ Medicine and common disposable material such as catheters, cannulas, etc., without charge up to a maximum equivalent of \$820 per case, and for a period not to exceed 60 days per case.
- ◆ Professional Fees. Any pregnancy-related professional medical services obtained from sources outside the Contractor's medical plan, including medical consultations (on both an in-patient and out-patient basis), specialists, psychoprophylactic courses, etc., shall be reimbursed up to the maximum limits for these services established in the Open System (see section C.2.2., above) and subject to the combined total

maximum of \$4,600 per pregnancy (which total shall also include Out-Patient Medical Assistance and In-Patient Medical Assistance, described at sections C.3.2.1. and C.3.2.2., above).

C.3.3.3.3. Special coverage for the newly born, separate from the maximum limit of maternity coverage.

C.3.3.4. Coverage in Argentina Outside the Metropolitan and Suburban Areas

The contractor shall reimburse beneficiaries for medical services received throughout the country in accordance with the terms and conditions stated under the Combined System (see Section C.3.3.above).

C.4. Transplants

Under the **closed system**, the contractor shall pay directly all incurred expenses related to in-patient medical assistance, including professional fees, hospital expenses, laboratory and tests costs, medicine and materials, etc.

Under the **open system**, the beneficiary shall pay for all expenses and the Contractor shall reimburse the beneficiary for transplant surgery, up to the maximum per-case limits described below.

- ◆ Bone Marrow (self or other donor): \$95,000.
- ◆ Heart: \$85,000.
- ◆ Heart-and-Lung: \$105,000.
- ◆ Liver: \$110,000.
- ◆ Kidney: \$30,000.
- ◆ Cornea: \$8,000.

C.5. Prosthesis.

The **closed system** shall cover 100% of permanent internal prosthesis and implants and 50% of external prosthesis and orthosis. They shall all be Argentine made, except when they were not available in the local market in which case they shall be of foreign source.

In the **open system**, the beneficiary shall pay for all expenses and the Contractor shall reimburse the beneficiary for the costs of prosthetic devices, up to the maximum per-case limits described below:

C.5.1. Traumatological and Orthopedic: \$ 8500

It includes:

- replacement of hip, knee and other minor articulations including cement that may be necessary.
- nails, plaques, screws, wire and other elements.
- amputation prosthesis. Renovation shall be recognized every five years, except express medical indication.
- corsets (Taylor/Milwokee type) only when this is the last therapeutic alternative or in case of total destruction.

C.5.2. Cardiovascular: \$9000

It includes:

- Definite pacemakers and their unipolar and bipolar catheters.
- Cardiac valvular prosthesis, biological or mechanical.
- Vascular prosthesis.
- Defibrillator
- Intracardiac patches.

Renovation shall be recognized pursuant to the prosthesis's useful life, except express medical indication.

C.5.3. Neurosurgical: \$7200

It includes:

- Valves for hydrocephaly, ventricular catheters, Richman reservoirs, cephalorachitic lumbar peritoneal liquid derivation system.
- Clips for aneurysms.

C.5.4. Audiological: \$ 2300

It includes:

- Hearing aids (only unilateral) according to beneficiary's audiometric characteristics. Renovation shall be recognized every five years, except express medical indication.
- Ear ventilation tubes
- Middle ear prosthesis
- Cochlear prosthesis.

C.5.5. In every case, expenses shall be paid directly by the beneficiary and reimbursed by the Contractor up to the maximum limits established for each prosthesis.

C.5.6. Expenses excluded:

- Traumatologic and orthopedic prosthesis: Electronic or computerized.
- Neurosurgical Prosthesis: epidural stimulators.

C.6. Eligible Employees.

The employees eligible for the health insurance services include the following:

C.6.1 All current active employees of the United States Government, employed within the geographic boundaries of Argentina paid under the local compensation plan, and certified by the Contracting Officer. Covered employees include:

- Foreign Service Nationals (FSNs) employed as direct hires;
- FSNs employed under Personal Services Agreements (PSAs);
- FSNs employed under Personal Services Contracts (PSCs);
- Third country nationals (TCNs) employed as direct hires;
- TCNs employed under PSAs;
- TCNs employed under PSCs;
- Locally hired U.S. citizens employed as direct hires; and

- Locally hired U.S. citizens employed under PSCs or PSA Plus.

The above individuals must be employed within the geographic boundaries of Argentina by the following U.S. Government agencies: Department of State, Department of Commerce, Department of Agriculture, Department of Defense, Department of Justice and Department of Treasury.

Individuals not eligible for coverage under this contract are non-personal services contract personnel and any other individual not falling within one of the categories of employees described in this clause.

C.6.2 All current active employees of the Ambassador and the Deputy Chief of Mission assigned to their respective official Government residences and paid under an ORE (Official Residence Employees) account (see separate rider, Exhibit A). ORE employees are included under this contract only as a rider. All costs for ORE employees are the responsibility of the employing officer, not the U.S. Government.

C.6.3. Other Eligible Participants.

The following additional categories of persons are covered by this insurance:

- Employees' spouses, including common-law spouses;
- Unmarried children up to 21 years of age;
- Unmarried children up to 25 years of age included who are full-time students and who are not employed and who are 100 percent legally dependent on their parent(s);
- Children up to any age who are disabled and who are unable to work and who are 100 percent legally dependent on their parent(s).

The definition of "children" in all of the above cases includes those legally adopted, children under legal guardianship, and stepchildren of an enrolled employee or an enrolled retiree or his/her spouse, provided the child is economically dependent upon the employee or retiree.

- US Government local retirees on voluntary base (see section C.17).
- Employee's immediate family members on voluntary base (see section C.16)

C.6.4. Eligibility

C.6.4.1. Term of Eligibility.

Each current active employee and eligible dependent, and each new employee and eligible dependent shall be automatically registered for health benefits under this contract upon award and thereafter during the performance period of this contract. Each new employee will be eligible upon entering on duty with the United States Government. An employee is considered active ("on the rolls") whenever such employee is on annual or sick leave, with or without pay.

C.6.4.2. Period of Ineligibility.

Employees are not entitled to health benefits during any period of employment for which premiums are not paid. The employee is responsible for paying (directly to the insurance contractor) his/her share of the health insurance premiums for periods beyond one full pay period of accumulated leave without pay (LWOP) during any calendar year. Alternatively, the employee may elect to have coverage cease if that employee prefers not to pay the premium.

C.7. Medical Plan Booklet

C.7.1. The contractor shall provide a booklet in Spanish that sets forth a complete listing of the health insurance benefits to be provided under this contract including names and addresses of physicians broken down by specialty, medical centers, pharmacies, etc. Professionals included in the closed system list shall be Board Certified and re-Certified in their specialty. This booklet will be provided in Volume 3, Technical Proposal (see section L.4.3.1 c1). Upon contract award, this booklet shall be provided in sufficient quantities so that each covered employee receives a copy. The contractor shall furnish all copies of the booklets to the COR, who will ensure that appropriate distribution is made. The contractor shall also provide individual membership cards to all insured persons.

C.7.2. The contractor shall provide the COR copies of the booklet and membership cards for each covered employee not later than three weeks after date of contract award. The Contractor will provide additional booklets for new employees within ten (10) days of the COR's request.

C.7.3. The contractor assumes full responsibility for ensuring that the document described in C.7.1 accurately reflects the requirements of the contract, as implemented by the contractor's technical proposal. In all cases, the contract shall take precedence. Should the COR discover that the booklet contains inaccuracies, the contractor will be notified in writing; however, failure on the part of the Government to notice any inaccuracies shall in no way limit, revise or otherwise affect the requirement under this contract for the contractor to fully comply with all contract terms.

C.7.4 The contractor shall inform the COR in writing about any change in booklet data and it will be subject to the Government's concurrence, especially with regard to ongoing treatments with excluded professionals or medical centers.

C.8 Health Benefits Conditions and Limitations.

Conditions and limitations on the entitlement to health care under this contract are as follows:

C.8.1. For new employees and eligible dependents the first day of coverage shall begin on the effective day of employment or enrollment. Coverage ceases on the last day of the month in which an employee resigns or retires from Government employment or is involuntarily terminated. When employment/enrollment does not take place at the beginning of the month, payment shall be made in proportion to the coverage time.

C.8.2. The Contractor shall allow employees to voluntarily withdraw from the plan for periods of time corresponding to extended leaves of absence without pay, with the option of being reinstated upon resuming official duty with the Embassy, subject to the limitations described below. During the periods of voluntary withdrawal, the employee will neither pay for nor be covered by the Contractor's plan, nor will the Government pay any premiums on behalf of the employee. Temporary withdrawal of an employee from the Contractor's plan will be made only upon the Government's presenting the Contractor with an amended delivery order as specified in Section H.4. Temporary withdrawal from the Contractor's plan, with the option of reinstatement, is permissible under the following circumstances:

C.8.2.1. Optional six-month maternity leave without pay provided for under Argentine law. Corresponding periods of withdrawal from the plan shall be by prior written arrangement with the Contractor. At the end of the employee's period of optional maternity leave without pay, the Contractor shall reinstate the employee as a covered beneficiary of the plan as described in this contract, effective with the first day of the following month, without any limitations on coverage or waiting periods of any kind, and shall begin billing the Government for that employee's coverage as of that date and upon receipt of an amended delivery order from the Government as described in Section H.4.

C.8.2.2. Leave without pay for extended travel outside of Argentina, for personal or professional reasons. Corresponding temporary withdrawals from the Contractor's plan shall be by prior written arrangement with the Contractor and may be for a period of not less than six (6) months and not more than two (2) years. As evidence of his or her period of stay outside of Argentina, the employee must present certified photocopies of the Argentine entry and exit stamps in his or her passport. If the employee requests reinstatement in the Contractor's plan within 30 days of his or her return to Argentina, as evidenced by the passport entry stamp, the Contractor shall reinstate the employee as a covered beneficiary of the plan as described in this contract, effective with the first day of the following month, without any limitations on coverage or waiting periods of any kind, and shall begin billing the Government for that employee's coverage as of that date and upon receipt of an amended delivery order from the Government as described in Section H.4. If the employee requests reinstatement more than 30 days after his or her return to Argentina, the Contractor shall reinstate the employee as a covered beneficiary of the plan as described in this contract, effective the first day of the following month. If the employee's entry and exit stamps indicate a stay outside of Argentina of less than six (6) months, the Contractor shall bill the employee for the full amount of premiums corresponding to the period of his or her absence, with payment being a condition for reinstatement in the Contractor's plan.

C.9. Coverage Outside Argentina.

The Contractor shall cover for emergency medical services while traveling outside of Argentina, either at medical centers affiliated with the Contractor's plan, or according to a system of coordination by which the Contractor assists the beneficiary telephonically (collect call system) in locating a medical center or care provider in a country outside of Argentina.

C.10. Survivor Benefits

In the event of the death of a covered employee under 65 years of age, the Contractor shall continue to extend to all surviving members of the deceased employee's family who were covered under the plan the same benefits such covered family members received prior to the employee's death for a period of two calendar years from the date of the employee's death. The Contractor shall provide such extended coverage at no cost to the Government or to the surviving family members.

C.11. Pre-Existing Conditions.

No exclusions or waiting periods shall be made because of pre-existing medical conditions at the time of employment and enrollment in the provider's plan.

C.12. Second Opinions.

The beneficiary shall be entitled to a "Second Opinion" regarding a diagnosis or recommended medical procedure and to this end only an affiliate doctor may refer the beneficiary to the

corresponding “Accredited consulting specialist” included in the Second Opinion Consulting List to be submitted as required in section L.4.3.1e.

When a case presents different diagnosis and/or treatment criteria, the Government is entitled to consult with the professional experts they deem appropriate, in order to solve the controversy/disagreement.

C.13. Coverage of Treatment in Progress at Time of Award.

Effective with the date of contract award, the Contractor agrees to assume from the previous Contractor the costs of treatments in progress, including maternity care for pregnancies in progress at the time of award, up to the limits described in the previous health insurance contract, and using the same medical centers and medical professionals managing such care and treatment, regardless of whether the medical centers and/or medical professionals are affiliated with the new Contractor’s medical plan, until: (a) the treatment or care is completed; or (b) the applicable maximum limits under the prior contract are reached; whichever occurs first.

C.14. Ambulance Services.

The Contractor shall offer, at no charge to the beneficiary, non-emergency ambulance services for purposes of transporting a beneficiary from home to medical center, from medical center to home, or between medical centers, as medically required. Ambulance service shall be available by phone on a 24-hour basis.

C.15. Home Care Services.

The Contractor shall offer, at no charge to the beneficiary, necessary medical services or treatments in the home when a beneficiary is confined to home for medical reasons (“internación domiciliaria”). Such home care services include, but are not limited to, examinations, tests, dental treatment, new baby care, and nursing services. Home care medical services shall be provided only with the prior approval of the Contractor’s coordination office (see Section C.3.1.1, above) and shall be subject to the same terms, conditions, and limitations of the “Closed” and “Open” Systems, described at Sections C.3.1. and C.3.2 above, respectively, depending on the provider of the home care services.

C.16. Optional Coverage for Immediate Family Members - Direct Billing

Upon request, the Contractor shall offer the services described in this Contract to non-covered members of an employee’s immediate family, regardless age and whether or not domiciled with the employee. Immediate family members include the employee’s parents, parents-in-law, brothers, sisters, and unmarried children who are not otherwise covered by the Contractor’s medical plan (see Section C.6.3). The contractor will have the right to request from the prospective beneficiary a sworn statement about his/her health condition and perform physical examination prior to his/her enrollment. The new beneficiary shall not be subject to waiting periods due to pre-existing medical conditions at the time of enrollment.

Services shall be billed at the same premium rate at which the family member would be billed were that family member an employee of the Government (rates in section B). Such optional coverage shall be at the election of, and solely at the expense of, the participating immediate family member. The Contractor shall bill service directly to the participating family member at his/her home address.

C.17. Continuing Coverage for Retirees - Direct Billing

The Contractor shall offer to retirees of the U.S. Embassy, as verified by the Contracting Officer's Representative, the option of subscribing to the coverage described in this plan at his or her own expense, under an individual or group plan appropriate to and billed at the rate corresponding to the retiree's age, marital status, and number of dependents (as quoted in Section B).

Retirees shall not be subject to any requirement when subscribing to this contract coverage within thirty days from the effective retirement day. The contractor will have the right to ask retirees to submit sworn statement about their health condition when request for enrollment is made within 31st to 90th day from the effective retirement date and perform physical examination prior to his/her enrollment. Days will be computed from the date that the retiree's request is submitted to the contractor. In all cases the retiree shall not be subject to waiting periods due to pre-existing medical conditions at the time of enrollment.

It will be at the contractor's discretion to offer services at the rates quoted in Section B when retirees request their subscription ninety (90) days after the effective retirement date.

In all cases the Contractor shall bill such coverage directly to the participating retiree at his/home home address.

C.18 DEFINITIONS

Affiliated (1) A medical center which is wholly or partially owned by the Contractor or which has a written contractual agreement with the Contractor, in either case such that the medical center provides services on behalf of the Contractor under the Contractor's "Open" medical plan at no charge to the beneficiary and under the Contractor's "Combined" medical plan up to the limitations specified under the latter plan. (2) A medical professional who is employed by or who has a written contractual agreement with the Contractor in order to provide medical services on behalf of the Contractor under the Contractor's "Open" medical plan at no charge to the beneficiary and under the Contractor's "Combined" medical plan up to the limitations specified under the latter plan. (See also the definition of "**Non-Affiliated**," below.)

Beneficiary: A covered employee or qualifying dependent who obtains health care services under the Contractor's medical plan.

Case: A specifically diagnosed illness or medical condition requiring a course of treatment on an in- or out-patient basis. For purposes of in-patient treatment, a case is considered to be closed once a patient has been released from the hospital and is not interned for the same condition for a period of 90 days or more. Internment for the same condition within 90 days of prior release is considered to be the same case for purposes of calculating time limits and dollar limitations, when applicable.

Closed System: A health-care delivery system in which all services are offered without charge to the beneficiary (except as noted), who obtains the services of the professional staff and medical centers such as laboratories, clinics, hospitals, etc. which are affiliated with the provider's medical plan. Physicians are Board Certified and re-certified in their specialty in accordance with the Argentine regulations. Medical clinics are properly staffed, equipped and have satisfactory reputation in the health care activity. Each health care provider complies with the insurance coverage required by FAR 52.237-7 (see section I.2)

Combined System: A health-care delivery system in which a beneficiary utilizes services included under the Closed System, with the assistance of outside professionals not affiliated with the provider's medical plan. For example, a beneficiary who is interned in a medical center

affiliated with the provider's plan may seek a consultation with a specialist who is not affiliated with the plan. The beneficiary pays the fees of the medical professional not affiliated with the plan, and is reimbursed by the provider according to a schedule of pre-established fees and annual and per-case maximum limits. Certain limits may apply to services provided in the provider's affiliated medical centers when these services are ordered or supervised by a medical professional not affiliated with the plan.

COR (Contracting Officer's Representative): The Embassy employee who serves as the main point of contact with the Contractor for contract administration, on behalf of the Embassy's Contracting Officer. For purposes of this contract, the COR is Post Human Resources Officer.

Contracting Officer: The U.S. Embassy official solely authorized to negotiate, sign, and modify contracts on behalf of the Government. For purposes of this contract, the General Services Officer (GSO) is the Contracting Officer.

Contributory Insurance for which the employee contributes toward the premium.

Customary and Reasonable Treatment A diagnostic test or medical treatment which is usually performed in the community where the individual is being treated.

Dependent :A person who wholly depends on another individual for economic support as defined by local law; specifically, as relating to employees covered under this plan, the term dependent includes employees' spouses (including common-law spouses); unmarried children up to 21 years of age; unmarried children up to 25 years of age included who are full-time students and who are not employed and who are 100 percent legally dependent on their parent(s); and children up to any age who are disabled and who are unable to work and who are 100 percent legally dependent on their parent(s). The definition of "children" in all of the above cases including those legally adopted and those considered legal wards as defined by local law.

Disability A physical or mental impairment which precludes the individual from performing ordinary motor or bodily functions. If the impairment is the result of a previous impairment, it shall be considered a continuation of the prior impairment.

Employee An individual employed by the U.S. Government, under a direct-hire appointment, personal services contract, or personal services agreement, as further defined in Section C.6. This may also include an ORE employee, if this category of individual is an eligible participant, as defined in C.6.2 .

Employer The United States Government

FMO The Financial Management Officer or the paying office for all U.S. Government Agencies except AID.

GSO General Services Officer in charge of the General Services Office at post. This officer is usually the Contracting Officer for this contract.

Hospital An institution established and operated for the care and treatment of sick and injured persons. It provides 24-hour nursing care and has diagnostic, laboratory, treatment, and surgical facilities. Any institution which does not meet this definition is not considered a hospital.

Hospital Patient An individual who has been admitted to a hospital, is assigned a bed, and is given diagnostic tests or receives treatment for a disease or an injury.

Maximum Benefit The total amount that will be paid to any one employee for injury or disease.

Non-Affiliated: (1) A medical center that is neither owned by nor has a written contractual agreement to provide medical services on behalf of the Contractor. (2) A medical professional who is neither employed by nor has a written contractual agreement to provide medical services on behalf of the Contractor. When such a medical center or professional is elected by a beneficiary to provide services under the Contractor's "Open" medical plan, such services are paid directly by the beneficiary and reimbursed to the beneficiary by the Contractor subject to certain limitations under the Contractor's "Open" plan.

Open System: A health-care delivery system in which a beneficiary has a free choice of doctors and medical centers. The beneficiary pays the fees of the medical center or medical professional not affiliated with the plan and is reimbursed by the provider for fees and expenses according to a schedule of pre-established fees and annual and per-case maximum limits.

Physician An individual who has graduated from an accredited medical school and is licensed to practice medicine in the jurisdiction in which the contract is to be performed. If the individual is a medical specialist, then he or she is Board Certified in that specialty.

Surgical procedure Any invasive medical procedure by manual or instrument operation undertaken for diagnosis or treatment of a diseased patient.

**SECTION C - PART II GROUP LIFE INSURANCE
RESERVED**

SECTION D
PACKAGING AND MARKING

RESERVED

SECTION E INSPECTION AND ACCEPTANCE

E.1. 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates the following clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address:

<http://www.arnet.gov/far> or, <http://farsite.hill.af.mil/search.htm>

These addresses are subject to change. If the Federal Acquisition Regulation (FAR) is not available at the locations indicated above, use the Dept. of State Acquisition Website at <http://www.statebuy.gov/home.htm> to see the links to the FAR. You may also use a network "search engine" (e.g., Yahoo, Excite, Alta Vista, etc.) to obtain the latest location of the most current FAR.

FEDERAL ACQUISITION REGULATION (48 CFR CH. 1)

52.246-4 Inspection of Services - Fixed Price (AUG 1996)

E.2. Quality Assurance Plan (QAP). This plan is designed to provide an effective surveillance method to promote effective contractor performance. The QAP provides a method for the Contracting Officer's Representative (COR) to monitor contractor performance, advise the contractor of unsatisfactory performance, and notify the Contracting Officer of continued unsatisfactory performance. The contractor, not the Government, is responsible for management and quality control to meet the terms of the contract. The role of the Government is to conduct quality assurance to ensure that contract standards are achieved.

Performance Objective	PWS Para	Performance Threshold
<u>Services.</u> Performs all the insurance services set forth in the performance work statement (PWS)	C.1 thru C.17	All required services are performed and no more than one (1) customer complaint is received per month

E.3.1 SURVEILLANCE. The COR will receive and document all complaints from Government personnel regarding the services provided. If appropriate, the COR will send the complaints to the Contractor for corrective action.

E.3.2 STANDARD. The performance standard is that the Government receives no more than one (1) customer complaint per month. The COR shall notify the Contracting Officer of the complaints so that the Contracting Officer may take appropriate action to enforce the inspection clause (FAR 52.246-4, Inspection of Services – Fixed Price (AUG 1996) or the appropriate Inspection of Services clause), if any of the services exceed the standard.

E.3.3 PROCEDURES.

- (a) If any Government personnel observe unacceptable services, either incomplete work or required services not being performed they should immediately contact the COR.
- (b) The COR will complete appropriate documentation to record the complaint.
- (c) If the COR determines the complaint is invalid, the COR will advise the complainant. The COR will retain the annotated copy of the written complaint for his/her files.
- (d) If the COR determines the complaint is valid, the COR will inform the Contractor and give the Contractor additional time to correct the defect, if additional time is available. The COR shall determine how much time is reasonable.
- (e) The COR shall, as a minimum, orally notify the Contractor of any valid complaints.
- (f) If the Contractor disagrees with the complaint and challenges the validity of the complaint, the Contractor will notify the COR. The COR will review the matter to determine the validity of the complaint.
- (g) The COR will consider complaints as resolved unless notified otherwise by the complainant.
- (h) Repeat customer complaints are not permitted for any services. If a repeat customer complaint is received for the same deficiency during the service period, the COR will contact the Contracting Officer for appropriate action under the Inspection clause.

SECTION F DELIVERIES OR PERFORMANCE

F.1. 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates the following clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address:

<http://www.arnet.gov/far> or, <http://farsite.hill.af.mil/search.htm>

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FEDERAL ACQUISITION REGULATION (48 CFR CH. 1)

52.242-15 Stop Work Order (AUG 1989)

52.242-17 Government Delay of Work (APR 1984)

F.2 Period of Performance. The performance period of this contract is one year beginning on September 1, 2004 with four (4) one-year options to renew.

F.3 Options.

(a) The Government may extend this contract in accordance with the option clause at Subsection I.1.2, FAR Clauses Incorporated by Full Text (FAR 52.217-9, Option to Extend the Term of the Contract), which also specifies the total potential duration of the contract.

(b) The Government may exercise the option set forth at Section I, "FAR 52.217-8, Option to Extend Services".

F.4 Reports and Other Deliverables

All reports, **invoices** and other deliverables required under this contract shall be delivered to the following address:

Embassy of the United States of America
Human Resources Office
Colombia 4300
(C1425GMN) Buenos Aires
Argentina

SECTION G CONTRACT ADMINISTRATION DATA

G.1. 652.242-70 CONTRACTING OFFICER'S REPRESENTATIVE (COR) (AUG 1999)

(a) The Contracting Officer may designate in writing one or more Government employees, by name or position title, to take action for the Contracting Officer under this contract. Each designee shall be identified as a Contracting Officer's Representative (COR). Such designation(s) shall specify the scope and limitations of the authority so delegated; provided, that the designee shall not change the terms or conditions of the contract, unless the COR is a warranted Contracting Officer and this authority is delegated in the designation.

(b) The COR for this contract is the Human Resources Officer.

G.1.2 Duties

The COR is responsible for inspection and acceptance of services. These duties include review of Contractor invoices, including the supporting documentation required by the contract. The COR may provide technical advice, substantive guidance, inspections, invoice approval, and other purposes as deemed necessary under the contract.

G.2 The Contracting Officer must authorize such changes in writing, usually by formal contract modification except for inclusion and exclusions of employees and dependents of those U.S. Mission employees and dependents insured under this contract.

G.3 In addition, the COR shall maintain updated list of employees insured, which will supersede the initial list provided under this contract and as reported to the insurer through the Broker without prejudice to the ineligibility clause.

G.4. The COR has the additional responsibility of maintaining the eligible listing of employees for insurance coverage.

G.5. Payment shall be made in Pesos.

G.5.1. The Contractor shall issue the following invoices monthly:

G.5.1.1 One consolidated invoice for all employees (and their dependents) who are paid through the U.S. mission's payroll office. Such invoice to be either itemized, or have an attachment as to the make-up of the costs (names and premium due).

G.5.1.2. One consolidated invoice for all ORE staff. Such invoice to be either itemized, or have an attachment as to the make-up of the costs (names and premium due).

G.5.1.3. Individual invoices for each of those Insured Persons who are responsible for the entire cost of premiums, such employees on extended LWOP and retirees. Such Insured persons are personally and individually responsible for payment to the Contractor. These invoices shall be mailed (registered) directly to the employees at their residential address.

G.5.2. Billing Procedures: FAR 52.212-4, "Contract Terms and Conditions - Commercial Items, paragraph (i), addresses payment procedures by stating that payment will be made for

items accepted by the Government. This means that there shall be no advance payments, e.g., payments made in advance of services rendered.

G.6 The contractor shall show Value Added Tax (VAT/IVA) as a separate item on invoices submitted for payment. US Government VAT/IVA status: Final Consumer. Tax amount is refundable by the Government of Argentina upon submittal of contractor's type B invoices.

SECTION H

SPECIAL CONTRACT REQUIREMENTS

H.1 Security. On occasion, a Contractor employee may require entry into U.S. Government-owned or -operated facilities. If so, the Contractor should be prepared to provide the necessary identification to permit escorted access within that facility.

H.2 Standards of Conduct. The Contractor shall maintain satisfactory standards of employee competency, conduct, cleanliness, appearance, and integrity and shall be responsible for taking such disciplinary action with respect to employees as may be necessary. Each Contractor employee is to adhere to standards that reflect credit on themselves, their employer, and the United States Government.

H.3 Ordering Procedures. The Government will issue a task order as soon as possible after contract award to identify all employees to be covered by the insurance described in this contract and the coverage selected by each employee, including dependents to be covered. The ORE employees under separate rider shall be identified under a separate task order. The COR will make subsequent additions or deletions to this list in writing. All such revisions shall be consolidated and a new task order will be issued by the Contracting Officer. If any changes have been made to the coverage listing, the Government anticipates issuance of a new task order on a [X] monthly, [] quarterly, or [] other basis [describe]. This new task order will include all changes made since the previous task order was issued and will include any increase or decrease in necessary funding. The changes to the list of eligible individuals will supersede the initial list provided under prior task orders without prejudice to the ineligibility clause. Task orders will indicate the effective date of employment, for purposes of calculating the premium due.

H.4. Contractor Responsibility in Claims and Reimbursement to Claimants

General. The Contractor shall be responsible for all planning, estimating, programming, project management, scheduling, dispatching, supervision, and inspection of work. The Contractor shall maintain his own reference library of technical reference works and local laws and regulations, including current tariffs and registries. The Contractor shall treat the information provided by the Embassy concerning employee' personal data, medical information, and salaries as highly sensitive and not divulge any employee information to unauthorized persons. The Contractor shall establish procedures for handling medical insurance claims as follows:

(a) Administrative Records.

(1) The Contractor shall maintain medical insurance files for each eligible employee including receipts and proof of paid claims, requests for claim reimbursements, and accounting of paid benefits with balances of amounts remaining in the annual per person reimbursement ceiling.

(2) The Contractor shall provide the COR with the necessary claim forms for each type of benefit that can be claimed under the contract. These forms shall specify a list of documents required to be appended to each claim and otherwise provide instructions for claim filing.

(3) The Contractor shall use the Spanish spelling of the employees' names in all transactions, including reimbursement checks.

(4) The Contractor shall send employee claim reimbursement checks to employees or make electronic funds transfer not later than one week after a claim is submitted

(b) Medical Insurance Claims. Settlement of medical insurance shall be completed as follows:

(1) All medical claims shall be submitted directly to the Contractor by employees, through a drop box in the COR's office. The claims shall be picked up from the COR every week by a contractor's administrative representative who will additionally advise beneficiaries and the Government on all matters related to the provision of services.

(2) The Contractor shall date stamp and screen all claims submitted on the day of receipt. If there are any missing documents or information thereby disallowing said claim to be payable, the Contractor shall notify the employee within two days, with a copy to the COR (if notification is written).

(3) The contractor shall set the claims no later than one week from the date the claim is submitted to the Contractor.

(4) Settlement shall be by issuance of checks in the name of the employee for each claim submitted. Each check shall be accompanied by a form providing details of the amount reimbursed with an explanation of deductions, if any.

(5) The Contractor shall accept the employee's or dependent's choice to go for surgery to hospitals designated by the Contractor in order that the Contractor will pay the expenses directly to the hospitals.

(c) RESERVED

H.5. Report Requirements. The Contractor shall provide the following reports monthly. All reports must be received by the COR no later than the 10th day of each month. These reports shall report on the previous month's activities.

(a) Employee Claims Report. The report will list all claims paid by the Contractor to a claimant, including the name of the claimant, date claim is received by the Contractor, and the amount claimed. This report shall also include all outstanding claims and a brief description of why claim has not been paid.

(b) Basic statistical data: This report will be required quarterly and it will include the following:

- ◆ Number of consultations, broken down by specialty and diagnosis.
- ◆ Number of hospital releases broken down by specialty and diagnosis.
- ◆ Number of re-admissions for a period of under 30 days within 30 days from release.
- ◆ Surgical ambulatory treatments, chemotherapy.
- ◆ Home confined patients.
- ◆ Complementary diagnosis tests of low, medium and high complexity.
- ◆ Goals achieved under Prevention Programs.

H.6. Miscellaneous Contractor Requirements. The Contractor shall take all such steps as are necessary, and obtain and pay for all permits, taxes and fees as are required by the Government of Argentina to establish and/or operate a commercial venture locally. A contract

with the U.S. Government conveys no special privileges or immunities to the Contractor. The Contractor is an independent commercial concern and not a part of the U.S. mission. The Contractor's employees are not U.S. Government employees. Registration of this contract with the Argentine government, if required by law, will be the sole responsibility of the Contractor, and any fees, taxes, or other duties shall be payable by the Contractor without recourse to the Government of the amounts thereof.

H.7 Erroneous Payments. If the Government becomes eligible for a refund of payment because of erroneous overpayment or other cause, the Contractor shall refund the amounts or use them to offset future payments owed by the Government, whichever the Government prefers. The Contractor shall refund any refunds not complete or discovered after the completion date of this contract.

H.8 Requiring Activity. The requiring activity under this contract is the U.S. Embassy.

H.9 Contractor's Technical Proposal. The Contractor's technical proposal dated -----, pages ----- is incorporated by reference and made part of this contract. In the event of any inconsistency between the terms of this contract and the Contractor's technical proposal, the contract terms shall take precedence.

SECTION I

CONTRACT CLAUSES

I.1. 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates the following clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: <http://www.arnet.gov/far> or, <http://farsite.hill.af.mil/search.htm>

These addresses are subject to change. If the Federal Acquisition Regulation (FAR) is not available at the locations indicated above, use the Dept. of State Acquisition Website at <http://www.statebuy.gov/home.htm> to see the links to the FAR. You may also use a network "search engine" (e.g., Yahoo, Excite, Alta Vista, etc.) to obtain the latest location of the most current FAR.

FEDERAL ACQUISITION REGULATION (48 CFR CH. 1)

52.202-1	DEFINITIONS (DEC 2001)
52.203-3	GRATUITIES (APR 1984)
52.203-5	COVENANT AGAINST CONTINGENT FEES (APR 1984)
52.203-6	RESTRICTIONS ON SUBCONTRACTOR SALES TO THE GOVERNMENT (JUL 1995)
52.203-7	ANTI-KICKBACK PROCEDURES (JUL 1995)
52.203-8	CANCELLATION, RESCISSION, AND RECOVERY OF FUNDS FOR ILLEGAL OR IMPROPER ACTIVITY (JAN 1997)
52.203-10	PRICE OR FEE ADJUSTMENT FOR ILLEGAL OR IMPROPER ACTIVITY (JAN 1997)
52.203-12	LIMITATION ON PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS (JUN 2003)
52.204-4	PRINTING/COPYING DOUBLE-SIDED ON RECYCLED PAPER (AUG 2000)
52.215-2	AUDIT AND RECORDS - NEGOTIATION (JUN 1999)
52.215-8	ORDER OF PRECEDENCE--UNIFORM CONTRACT FORMAT (OCT 1997)
52.215-21	REQUIREMENTS FOR COST OR PRICING DATA OR INFORMATION OTHER THAN COST OR PRICING DATA--MODIFICATIONS (OCT 1997)
52.216-18*	ORDERING (OCT 1995)
52.216-19*	DELIVERY ORDER LIMITATIONS (OCT 1995)
52.216-21*	REQUIREMENTS (OCT 1995)
52.224-1	PRIVACY ACT NOTIFICATION (APR 1984)(applicable to US citizens hired under PSC's or aliens admitted for permanent residence in US)
52.224-2	PRIVACY ACT (APR 1984) (applicable to US citizens hired under PSC's or aliens admitted for permanent residence in US)
52.225-13	RESTRICTIONS ON CERTAIN FOREIGN PURCHASES (DEC 2003)
52.225-14	INCONSISTENCY BETWEEN ENGLISH VERSION AND TRANSLATION OF CONTRACT (FEB 2000)
52.228-4	WORKERS' COMPENSATION AND WAR-HAZARD INSURANCE OVERSEAS (APR 1984)
52.228-5	INSURANCE-WORK ON A GOVERNMENT INSTALLATION (JAN 1997)

52.229-6 TAXES - FOREIGN FIXED PRICE CONTRACTS (JUN 2003)
 52.232-1 PAYMENTS (MAY 2001)

These clauses have fill-ins that are completed on the next page under "Fill-ins".

52.232-8 DISCOUNTS FOR PROMPT PAYMENT (MAY 1997)
 52.232-11 EXTRAS (APR 1984)

[] Contracting Officer shall check this box if the following clause is applicable:

52.232-17 INTEREST (JUN 1996)
 52.232-18 AVAILABILITY OF FUNDS (APR 1984)
 52.232-24 PROHIBITION OF ASSIGNMENT OF CLAIMS (JAN 1986)
 52.232-25 PROMPT PAYMENT (FEB 2002)
 52.232-34 PAYMENT BY ELECTRONIC FUNDS TRANSFER – OTHER THAN
 CENTRAL CONTRACTOR REGISTRATION (MAY 1999)
 52.233-1 DISPUTES (JUL 2002) ALTERNATE I (DEC 1991)
 52.233-3 PROTEST AFTER AWARD (AUG 1996)
 52.237-2 PROTECTION OF GOVERNMENT BUILDINGS, EQUIPMENT,
 AND VEGETATION (APR 1984)
 52.242-13 BANKRUPTCY (JUL 1995)
 52.243-1 CHANGES - ALTERNATE I (AUG 1987)
 52.246-25 LIMITATION OF LIABILITY - SERVICES (FEB 1997)
 52.248-1 VALUE ENGINEERING (FEB 2000)
 52.249-2 TERMINATION FOR CONVENIENCE OF THE GOVERNMENT
 (FIXED PRICE) (SEP 1996)
 52.249-8 DEFAULT - FIXED PRICE SUPPLY AND SERVICE (APR
 1984)

FILL-INS*

52.216-18 (a) the date of the award of the contract through the last day of the period of
 performance.
 52.216-19 (a) Pesos 5,000; (b)(1) Pesos 50,000 ;(2) Pesos 100,000 ;
 (3) 30 days; (d) 10 days
 52.216-21 (f) August 31, 2008 or the last effective date of the contract.

DEPARTMENT OF STATE ACQUISITION REGULATION (DOSAR)
 CLAUSES, 48 CFR CH. 6 included in full text:

652.216-70 ORDERING - INDEFINITE - DELIVERY CONTRACT (DEC 1994)

The Government shall use one of the following forms to issue orders under this contract:

- (a) Optional Form (OF) 347, Order for Supplies or Service; OR
- (b) Optional Form (OF) 206, Purchase Order, Receiving Report and Voucher.

652.243-70 NOTICES (AUG 1999)

Any notice or request relating to this contract given by either party to the other shall be in writing. Said notice or request shall be mailed or delivered by hand to the other party at the

address provided in the schedule of the contract. All modifications to the contract must be made in writing by the contracting officer.

652.225-71 SECTION 8(A) OF THE EXPORT ADMINISTRATION ACT OF 1979, AS AMENDED (AUG 1999)

(a) Section 8(a) of the U.S. Export Administration Act of 1979, as amended (50 U.S.C. 2407(a)), prohibits compliance by U.S. persons with any boycott fostered by a foreign country against a country which is friendly to the United States and which is not itself the object of any form of boycott pursuant to United States law or regulation. The Boycott of Israel by Arab League countries is such a boycott, and therefore, the following actions, if taken with intent to comply with, further, or support the Arab League Boycott of Israel, are prohibited activities under the Export Administration Act:

(1) Refusing, or requiring any U.S. person to refuse to do business with or in Israel, with any Israeli business concern, or with any national or resident of Israel, or with any other person, pursuant to an agreement of, or a request from or on behalf of a boycotting country;

(2) Refusing, or requiring any U.S. person to refuse to employ or otherwise discriminating against any person on the basis of race, religion, sex, or national origin of that person or of any owner, officer, director, or employee of such person;

(3) Furnishing information with respect to the race, religion, or national origin of any U.S. person or of any owner, officer, director, or employee of such U.S. person;

(4) Furnishing information about whether any person has, has had, or proposes to have any business relationship (including a relationship by way of sale, purchase, legal or commercial representation, shipping or other transport, insurance, investment, or supply) with or in the State of Israel, with any business concern organized under the laws of the State of Israel, with any Israeli national or resident, or with any person which is known or believed to be restricted from having any business relationship with or in Israel;

(5) Furnishing information about whether any person is a member of, has made contributions to, or is otherwise associated with or involved in the activities of any charitable or fraternal organization which supports the State of Israel; and,

(6) Paying, honoring, confirming, or otherwise implementing a letter of credit which contains any condition or requirement against doing business with the State of Israel.

(b) Under Section 8(a), the following types of activities are not forbidden "compliance with the boycott," and are therefore exempted from Section 8(a)'s prohibitions listed in paragraphs (a)(1)-(6) above:

(1) Complying or agreeing to comply with requirements:

(i) Prohibiting the import of goods or services from Israel or goods produced or services provided by any business concern organized under the laws of Israel or by nationals or residents of Israel; or,

(ii) Prohibiting the shipment of goods to Israel on a carrier of Israel, or by a route other than that prescribed by the boycotting country or the recipient of the shipment;

(2) Complying or agreeing to comply with import and shipping document requirements with respect to the country of origin, the name of the carrier and route of shipment, the name of the supplier of the shipment or the name of the provider of other services, except that no information knowingly furnished or conveyed in response to such requirements may be stated in negative, blacklisting, or similar exclusionary terms, other than with respect to carriers or route of shipments as may be permitted by such regulations in order to comply with precautionary requirements protecting against war risks and confiscation;

(3) Complying or agreeing to comply in the normal course of business with the unilateral and specific selection by a boycotting country, or national or resident thereof, of carriers, insurance, suppliers of services to be performed within the boycotting country or

specific goods which, in the normal course of business, are identifiable by source when imported into the boycotting country;

(4) Complying or agreeing to comply with the export requirements of the boycotting country relating to shipments or transshipments of exports to Israel, to any business concern of or organized under the laws of Israel, or to any national or resident of Israel;

(5) Compliance by an individual or agreement by an individual to comply with the immigration or passport requirements of any country with respect to such individual or any member of such individual's family or with requests for information regarding requirements of employment of such individual within the boycotting country; and,

(6) Compliance by a U.S. person resident in a foreign country or agreement by such person to comply with the laws of that country with respect to his or her activities exclusively therein, and such regulations may contain exceptions for such resident complying with the laws or regulations of that foreign country governing imports into such country of trademarked, trade named, or similarly specifically identifiable products, or components of products for his or her own use, including the performance of contractual services within that country, as may be defined by such regulations.

652.229-71 PERSONAL PROPERTY DISPOSITION AT POSTS ABROAD (AUG 1999)

Regulations at 22 CFR Part 136 require that U.S. Government employees and their families do not profit personally from sales or other transactions with persons who are not themselves entitled to exemption from import restrictions, duties, or taxes. Should the contractor experience importation or tax privileges in a foreign country because of its contractual relationship to the United States Government, the contractor shall observe the requirements of 22 CFR Part 136 and all policies, rules, and procedures issued by the chief of mission in that foreign country.

I.2. FAR CLAUSES INCORPORATED IN FULL TEXT

52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within the performance period of the contract.

52.217-9 OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000)

(a) The Government may extend the term of this contract by written notice to the Contractor within the performance period of the contract or within 30 days after funds for the option year become available, whichever is later.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed five years.

52.232-19 AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR (APR 1984)

Funds are not presently available for performance under this contract beyond 30 September of each Government Fiscal Year. The Government's obligation for performance of this contract

beyond that date is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond 30 September of each Government Fiscal Year, until funds are made available to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in writing by the Contracting Officer.

52.237-3 CONTINUITY OF SERVICES (JAN 1991)

(A) The Contractor recognizes that the services under this contract are vital to the government and must be continued without interruption and that, upon contract expiration, a successor, either the government or another contractor, may continue them. The Contractor agrees to (1) furnish phase-in training and (2) exercise its best efforts and cooperation to effect an orderly and efficient transition to a successor.

(B) The Contractor shall, upon the contracting officer's written notice, (1) furnish phase-in, phase-out services for up to 90 days after this contract expires and (2) negotiate in good faith a plan with a successor to determine the nature and extent of phase-in, phase-out services required. The plan shall specify a training program and a date for transferring responsibilities for each division of work described in the plan, and shall be subject to the contracting officer's approval. The Contractor shall provide sufficient experienced personnel during the phase-in, phase-out period to ensure that the services called for by this contract are maintained at the required level of proficiency.

(C) The Contractor shall allow as many personnel as practicable to remain on the job to help the successor maintain the continuity and consistency of the services required by this contract. The Contractor also shall disclose necessary personnel records and allow the successor to conduct on site interviews with these employees. If selected employees are agreeable to the change, the contractor shall release them at a mutually agreeable date and negotiate transfer of their earned fringe benefits to the successor.

(D) The Contractor shall be reimbursed for all reasonable phase-in, phase-out costs (i.e., costs incurred within the agreed period after contract expiration that result from phase-in, phase-out operations) and a fee (profit) not to exceed a pro rata portion of the fee (profit) under this contract.

52.237-7 INDEMNIFICATION AND MEDICAL LIABILITY INSURANCE (JAN 1997)

(a) It is expressly agreed and understood that this is a non-personal services contract, as defined in Federal Acquisition Regulation (FAR) 37.101, under which the professional services rendered by the Contractor are rendered in its capacity as an independent contractor. The Government may evaluate the quality of professional and administrative services provided, but retains no control over professional aspects of the services rendered, including by example, the Contractor's professional medical judgment, diagnosis, or specific medical treatments. The Contractor shall be solely liable for and expressly agrees to indemnify the Government with respect to any liability producing acts or omissions by it or by its employees or agents. The Contractor shall maintain during the term of this contract liability insurance issued by a responsible insurance carrier of not less than the following amount(s) per specialty per occurrence: Pesos 350,000. Minimum cumulative per year: Pesos 1,400,000.

(b) An apparently successful offeror, upon request by the Contracting Officer, shall furnish prior to contract award evidence of its insurability concerning the medical liability insurance required by paragraph (a) of this clause.

(c) Liability insurance may be on either an occurrences basis or on a claims-made basis. If the policy is on a claims-made basis, an extended reporting endorsement (tail) for a period of not less than 3 years after the end of the contract term must also be provided.

(d) Evidence of insurance documenting the required coverage for each health care provider who will perform under this contract shall be provided to the Contracting Officer prior to the commencement of services under this contract.

(e) The policies evidencing required insurance shall also contain an endorsement to the effect that any cancellation or material change adversely affecting the Government's interest shall not be effective until 30 days after the insurer or the Contractor gives written notice to the Contracting Officer. If during the performance period of the contract the Contractor changes insurance providers, the Contractor must provide evidence that the Government will be indemnified to the limits specified in paragraph (a) of this clause, for the entire period of the contract, either under the new policy, or a combination of old and new policies.

(f) The Contractor shall insert the substance of this clause, including this paragraph (f), in all subcontracts under this contract for health care services and shall require such subcontractors to provide evidence of and maintain insurance in accordance with paragraph (a) of this clause. At least 5 days before the commencement of work by any subcontractor, the Contractor shall furnish to the Contracting Officer evidence of such insurance.

652.237-72 OBSERVANCE OF LEGAL HOLIDAYS AND ADMINISTRATIVE LEAVE (AUG 1999)

All work shall be performed during the normal Monday through Friday workweek except for the holidays identified below. Other hours may be approved by the Contracting Officer's Representative. Notice must be given 24 hours in advance to COR who will consider any deviation from the hours identified above.

a) The Department of State observes the following days as holidays:

- New Year's Day
- Martin Luther King's Birthday
- Washington's Birthday
- Memorial Day
- Independence Day
- Labor Day (September)
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Christmas Day

The Embassy in Buenos Aires also observes the following days as holidays:

- Good Friday
- Labor Day (May)
- Revolution Day
- Independence Day
- Death of San Martin
- Immaculate Conception
- Malvinas Veterans and Memorial Day

Any other day designated by Federal law, Executive Order or Presidential Proclamation.

(b) When any such day falls on a Saturday, the preceding Friday is observed; when any such day falls on a Sunday, the following Monday is observed. Observance of such days by Government personnel shall not be cause for additional period of performance or entitlement to compensation except as set forth in the contract.

52.244-6 SUBCONTRACTS FOR COMMERCIAL ITEMS (APRIL 2003)

(a) Definitions. As used in this clause --

"Commercial item" has the meaning contained in the clause at 52.202-1, Definitions.

"Subcontract" includes a transfer of commercial items between divisions, subsidiaries, or affiliates of the Contractor or subcontractor at any tier.

(b) To the maximum extent practicable, the Contractor shall incorporate, and require its subcontractors at all tiers to incorporate, commercial items or nondevelopmental items as components of items to be supplied under this contract.

(c)(1) The Contractor shall insert the following clauses in subcontracts for commercial items:

(i) 52.219-8, Utilization of Small Business Concerns (OCT 2000) (15 U.S.C. 637(d)(2) and (3)), in all subcontracts that offer further subcontracting opportunities. If the subcontract (except subcontracts to small business concerns) exceeds \$500,000 (\$1,000,000 for construction of any public facility), the subcontractor must include 52.219-8 in lower tier subcontracts that offer subcontracting opportunities.

(ii) 52.222-26, Equal Opportunity (APR 2002) (E.O. 11246).

(iii) 52.222-35, Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans (DEC 2001)(38 U.S.C. 4212(a)).

(iv) 52.222-36, Affirmative Action for Workers with Disabilities (June 1998) (29 U.S.C. 793).

(v) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (APR 2003) (46 U.S.C. Appx 1241 and 10 USC 2631) (flow down required in accordance with paragraph (d) of FAR clause 52.247-64).

(2) While not required, the Contractor may flow down to subcontracts for commercial items a minimal number of additional clauses necessary to satisfy its contractual obligations.

(d) The Contractor shall include the terms of this clause, including this paragraph (d), in subcontracts awarded under this contract.

SECTION J
LIST OF ATTACHMENTS

Exhibit A - ORE EMPLOYEES RIDER

Exhibit B – USG LOCAL RETIREES RIDER

EXHIBIT C – IMMEDIATE FAMILY MEMBERS RIDER

Exhibit D – MANDATORY LIST OF MEDICAL CENTERS AVAILABLE TO BENEFICIARIES

SECTION K
REPRESENTATIONS, CERTIFICATIONS,
AND OTHER STATEMENTS OF OFFERORS

K.1 52.203-2 CERTIFICATE OF INDEPENDENT PRICE DETERMINATION (APR 1985)

(a) The offeror certifies that

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered:

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before bid opening (in the case of sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern to submit or not submit an offer for the purpose of restricting competition.

(b) Each signature on the offer is considered to be certification by the signatory that the signatory -

(1) Is the person in the offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2)(i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above _____

(insert full name of person(s) in the offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the offeror's organization);

(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(iii) as an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) if the offeror deletes or modifies subparagraph (a)(2) above, the offeror must furnish with its offer a signed statement setting forth in detail the circumstances of the disclosure.

K.2. 52.203-11 CERTIFICATION AND DISCLOSURE REGARDING PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS (APR 1991)

(a) The definitions and prohibitions contained in the clause, at FAR 52.203-12. Limitation on Payments to Influence Certain Federal Transactions, included in this solicitation, are hereby incorporated by reference in paragraph (b) of this certification.

(b) The offeror, by signing its offer, hereby certifies to the best of his or her knowledge and belief as of December 23, 1989, that-

(1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement;

(2) If any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the offeror shall complete and submit, with its offer, OMB standard form LLL. Disclosure of Lobbying Activities, to the Contracting Officer; and

(3) He or she will include the language of this certification in all subcontract awards at any tier and require that all recipients of subcontract awards in excess of \$100,000 shall certify and disclose accordingly.

(c) Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by Section 1352, Title 31, United States Code. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

K.3 52.204-6 CONTRACTOR IDENTIFICATION NUMBER -DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER (JUN 1999)

(a) The offeror shall enter in the block with its name and address on the cover page of its offer the annotation "DUNS" followed by the DUNS number that identifies the offeror's name and address exactly as stated in the offer. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services.

(b) If the offeror does not have a DUNS number, it should contact Dun and Bradstreet directly to obtain one. A DUNS number will be provided immediately by telephone at no Dun and Bradstreet at 1-800-333-0505. The offeror, if located in the United States, should be prepared to provide the following information:

- (1) Company name.
- (2) Company address.
- (3) Company telephone number.
- (4) Line of business
- (5) Chief executive officer/key manager.
- (6) Date the company was started.
- (7) Number of people employed by the company.
- (8) Company affiliation

(c) Offerors located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet home page

at <http://www.dnb.com/>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@mail.dnb.com

K.4. 52.204-3 TAXPAYER IDENTIFICATION (OCT 1998)

(a) Definitions.

"Common parent", as used in this provision, means that corporate entity that owns or controls an affiliated group of corporations that files its Federal income tax returns on a consolidated basis, and of which the offeror is a member.

"Taxpayer Identification Number (TIN)", as used in this provision, means the number required by the IRS to be used by the offeror in reporting income tax and other returns. The TIN may be either a Social Security Number or an Employer Identification Number.

(b) All offerors must submit the information required in paragraphs (d) through (f) of this provision in order to comply with debt collection requirements of 31 U.S.C. 7701(c) and 3325 (d), reporting requirements of 26 USC 6041, 6041A, and 6050M and implementing regulations issued by the Internal Revenue Service (IRS). If the resulting contract is subject to the reporting requirements described in FAR 4.904, the failure or refusal by the offeror to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.

(c) The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 USC 7701(c)(3)). If the resulting contract is subject to the payment reporting requirements described in FAR 4.904, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror's TIN.

(d) Taxpayer Identification Number (TIN).

TIN: _____

___ TIN has been applied for.

___ TIN is not required because:

___ Offeror is a nonresident alien, foreign corporation, or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the U.S. and does not have an office or place of business or a fiscal paying agent in the U.S.;

___ Offeror is an agency or instrumentality of a foreign government;

___ Offeror is an agency or instrumentality of the Federal Government.

(e) Type of Organization.

___ Sole Proprietorship;

___ Partnership;

___ Corporate Entity (not tax exempt);

___ Corporate Entity (tax exempt);

___ Government entity (Federal, State, or local);

___ Foreign government;

___ International organization per 26 CFR 1.6049-4;

___ Other _____

(f) Common Parent.

____ Offeror is not owned or controlled by a common parent as defined in paragraph (a) of this clause.

____ Name and TIN of common parent;

Name _____

TIN _____

(End of provision)

K.5 52.215-06 TYPE OF BUSINESS ORGANIZATION (OCT 1997)

The offeror or respondent, by checking the applicable box, represents that -

(a) It operates as ☐ an individual, ☐ a partnership, ☐ a nonprofit organization, ☐ a joint venture, or ☐ a corporation incorporated under the laws of the State of _____.

(b) If the offeror or respondent is a foreign entity, it operates as ☐ an individual, ☐ a partnership, ☐ a nonprofit organization, ☐ a joint venture, or ☐ a corporation, registered for business in _____ (country).

K.6 RESERVED

K.7 AUTHORIZED CONTRACT ADMINISTRATOR

If the offeror does not fill-in the blanks below, the official who signed the offer will be deemed to be the offeror's representative for Contract Administration, which includes all matters pertaining to payments.

Name: _____

Address: _____

Telephone Number: _____

K.8 52.209-5 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, AND OTHER RESPONSIBILITY MATTERS (DEC 2001)

(a) (1) The Offeror certifies, to the best of its knowledge and belief, that-

(i) The Offeror and/or any of its Principals-

(A) Are__ are not__ presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;

(B) Have__ have not__, within a three year period preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or

destruction of records, making false statements, tax evasion or receiving stolen property; and

- (C) Are ___ are not ___ presently indicated for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision.

- (ii) The Offeror has [] has not [], within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

(2) "Principals," for the purpose of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND THE MAKING OF A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO PROSECUTION UNDER SECTION 1001, TITLE 18, UNITED STATES CODE.

- (b) The Offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- (c) A certification that any of the items in paragraph (a) of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Offeror's responsibility. Failure of the Offeror to furnish a certification or provide such additional information as requested by the Contracting Officer may render the Offeror non-responsible.
- (d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provisions. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- (e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Offeror knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Office may terminate the contract resulting from this solicitation for default.

K.9 652.225-70 ARAB LEAGUE BOYCOTT OF ISRAEL (AUG 1999)

- (a) Definitions. As used in this provision:
Foreign person means any person other than a United States person as defined below.

United States person means any United States resident or national (other than an individual resident outside the United States and employed by other than a United States person), any domestic concern (including any permanent domestic establishment of any foreign concern), and any foreign subsidiary or affiliate (including any permanent foreign establishment)

of any domestic concern which is controlled in fact by such domestic concern, as provided under the Export Administration Act of 1979, as amended.

(b) Certification. By submitting this offer, the offeror certifies that it is not:

(1) Taking or knowingly agreeing to take any action, with respect to the boycott of Israel by Arab League countries, which Section 8(a) of the Export Administration Act of 1979, as amended (50 U.S.C. 2407(a)) prohibits a United States person from taking; or,

(2) Discriminating in the award of subcontracts on the basis of religion.

SECTION L INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS

L.1. SUBMISSION OF OFFERS.

This solicitation is for the provision of health insurance services described in Sections C and J and under the terms and conditions set forth herein.

L.2. Summary of Instructions. Each proposal must consist of the following separate volumes:

<u>Volume</u>	<u>Title</u>	<u>No. of Copies</u>
1	Executed Standard Form 33, Solicitation Offer and Award, and completed Section K REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF OFFERORS.	2
2	Price Proposal and complete Section B Supplies or Services and Price/Costs	2
3	Technical Proposal containing all technical factors and subfactors	2

L.3. Delivery of Proposals and Exceptions to Solicitation.

The complete offer shall be submitted at the address indicated at Block 7, if mailed, or Block 9, if hand delivered, of Standard Form 33, Solicitation, Offer and Award. Any deviation, exceptions, or conditional assumptions taken with respect to any of the instructions or requirements of this solicitation shall be identified and explained/justified in the appropriate volume of the offer.

L.4. Contents of Proposals

The proposals shall contain documents filled out in strict conformance with the detailed instructions set forth as follows:

L.4.1. Volume 1 -- Standard Form 33: Complete Blocks 12 through 18, as appropriate and fill in all the blanks in Section K of this solicitation.

L.4.2. Volume 2 -- Price Proposal and fill in Section B.

(a) Price proposal for the base year; Complete the price proposal for the base year of the health insurance programs, filling in the "Unit Rate per Employee," "Total Premium," and "Adjusted Total" columns for each applicable employee category in Section B, carrying over the totals for each category into the chart entitled, "Summary: Base Year," and filling in the "Total Price for Base Year (Categories A, B, and C)" on the same summary chart.

(b) Price proposal for the option years: Complete the price proposal for each of the four (4) option years in the same manner as described for the base year.

Price proposal for the option years however, a price proposal for an option year for with no proposal for the base year will not be considered, nor will a proposal for a base period which does not include a proposal for all optional periods for that same type of insurance.

(c) Total Contract Price: Complete the "Total Contract Price" chart, carrying over the price for the base year and each of the option years, and filling in the "Total Contract Price" at the bottom of the chart. Offers shall be priced in Argentine pesos, IVA/VAT tax included.

L.4.3. Volume 3 -- Technical Proposal

L.4.3.1 Management Approach

In submitting data requested under this section L. the offeror certifies to the best of its knowledge and belief that the information is complete, current and accurate. Failure to comply with this requirement will make proposals technically unacceptable.

(a) Understanding of the Requirement.

(i) The offeror must demonstrate that it understands the requirement set forth in Sections C, Parts I and/or II, as offered, through Section J of the solicitation. The offeror must demonstrate a knowledge of and familiarity in providing the insurance and services required in the aforementioned sections of the solicitation. For health insurance, if the proposal is for a health maintenance organization (HMO) or clinic type, describe the facilities and medical personnel that will be available. The offeror must also describe the pool of coverage in which the covered employees will be contained, and, a description of how the experience rating would be determined in regards to Section B.4.

(ii) Proposals shall contain only the benefit levels stated in Section C. Proposals offering benefit levels greater or less than those levels required in Section C may be rejected as unacceptable.

(b) Plan Administration.

The proposal must demonstrate how the offeror plans to perform the contract, especially as it relates to providing the insurance, maintaining adequate reserves to pay claims, administering and prompt payment of insured claims for reimbursement, procedures for reviewing claims (including where and how claims will be processed and settled), availability of central point of contact and phone number for employees to call regarding claims or information, providing periodic reporting and accounting of financial results of the plan, and the overall management of the contract. Provide accounting procedures, reporting formats, procedures and rates for converting from group insurance to individual insurance policies. Describe the system for tracking utilization by diagnostic or other actuarial categories/profiles and comparing them against regional or national norms.

(c) Medical Service Data

The offeror must comply with the following:

(c.1) Provide booklet (see section C.7) that sets forth a complete listing of the health insurance benefits to be provided under this contract including names and addresses of physicians broken down by specialty; medical centers; pharmacies; and any pertinent data to demonstrate the extent of the services to be provided and the level of quality of medical professionals and institutions.

It shall be same booklet that will be distributed to employees after the award of the contract .

(c.2) Submit sworn statement to certify that professionals and institutions included in the booklet have adhered to the plan offered in the proposal. The Government reserves the right to verify the compliance with this requirement by means of randomized sampling of the list.

(c.3) Submit sworn statement to certify that professionals included in the closed system and listed in the medical plan booklet are Board Certified in their specialty and shall be re-certified when due according to the Argentine regulations.

(c.4) Provide copy of current Quality Control and Customer Satisfaction programs. Explain methodology utilized and results obtained during year 2003.

(c.5) Describe the firm Preventive Health Care program and report achievements during year 2003.

(c.6) Submit Year 2003 Production Data, to include:
 Ambulatory medical assistance: number of consultations, in general and broken down by specialty;
 Hospital releases/patients discharged: clinical, surgical, obstetrical and pediatric cases;
 Dental care: number of patients attended.
 Used service rate for the covered population.

(c.7) Provide copy of the Beneficiary Service user manual.

(c.8) Provide copy of current medical liability insurance policy along with written assurances that physicians and medical centers included in the closed system have similar coverage.

(c.9) Describe the nationwide health coverage network proposed to comply with clause C.3.1.6 (coverage in Argentine outside Federal Capital and suburbs), and explain the scope of this service and procedures for its utilization by the beneficiary.

(c.10) Explain how the offeror proposes to provide coverage outside Argentina as required under clause C.9.

(d) List of Medical Centers and Ambulatory Diagnosis Centers

The offeror shall submit a List of any medical center proposed in addition to or instead of the medical organizations listed in Section J, Exhibit D (see section C.2, last paragraph)

The offeror shall also present a List of Ambulatory Diagnosis Centers and health professionals with their addresses and broken down per specialization.

(e) Second Opinion Consulting List

The offeror shall submit a list of accredited consulting specialists to whom the beneficiary may be referred for second option (see section C.12)

(f) List of lawsuits

The offeror shall submit a complete and accurate list of sentenced lawsuits and active cases pending of sentence concerning medical malpractice and filed against the offeror and/or its professionals and medical centers. The list will provide the parties names, date of the sentence or initiation of the active action, and identify the intervening court.

L.4.3.2. Experience and Past Performance.

Given the nature of services under this contract previous experience is a definitive responsibility requirement (FAR 9.104-1c and 9.104-2). Therefore the offeror shall: (a) demonstrate that it has been in the health insurance activity during the last fifteen consecutive years and, (b) provide a list of all contracts and subcontracts held over the past three years for the same or similar work. Provide the following information for each contract and subcontract:

- (a) Customer's name, address, and the telephone numbers of previous contractors for whom similar insurance and services were provided;
- (b) Contract number and type of contract;
- (c) Date and place of performance of the contract and delivery dates and period of performance;
- (d) Scope of the contract, i.e., types of insurance provided and range of population covered, as well as total dollar amount;
- (e) Brief description of the performance requirements;
- (f) Comparability to the work required under this solicitation;
- (g) Brief discussion of any major technical problems and their resolutions.
- (h) Number of beneficiaries under each contract.

Evaluation of past performance will be limited to the last three consecutive years.

The offeror shall also submit certified copy of the corporation contract.

L.4.3.3. Profit Sharing Credit.

The offeror shall indicate whether any insurance plan offered will be subject to participation in any profit sharing credit program, pooling agreement (including multinational agreements) or any other premium credit procedure. If this is applicable, please describe. This is for evaluation only to distinguish between otherwise equally priced, technically acceptable proposals and will not be considered in determining the lowest-priced offeror.

L.4.3.4 Employee Pool

The offeror shall describe in an Exhibit C the pool that will apply to the employees under this contract. The offeror will describe the size of the pool, whether it is a mixture of commercial and government (if applicable), alternative pools that are available in the event the economic price adjustment clause becomes effective.

L.5 52.252-1 SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates the following provisions by reference with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and

provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this address:

<http://www.arnet.gov/far> or, <http://farsite.hill.af.mil/search.htm>

These addresses are subject to change. If the Federal Acquisition Regulation (FAR) is not available at the locations indicated above, use of a network "search engine" (e.g., Yahoo, Infoseek, Alta Vista, etc.) is suggested to obtain the latest location of the most current FAR.

FEDERAL ACQUISITION REGULATION (48 CFR CH. 1)

52.214-34 SUBMISSION OF OFFERS IN ENGLISH LANGUAGE (APR 1991)
52.215-1 INSTRUCTIONS TO OFFERORS—COMPETITIVE ACQUISITIONS
(JAN 2004)

L.6 Solicitation Provisions Included In Full Text

L.6.1 52.216-1 TYPE OF CONTRACT (APR 1984)

The Government contemplates award of a requirements type contract, fixed price with economic price adjustment, resulting from this solicitation. The quantities shown in Section B are estimates only and the Government is not obligated to order the estimated quantities shown in this section.

L.6.2 ECONOMIC PRICE ADJUSTMENT

See B.4 and B.8 for information relating to the economic price adjustment features of this contract.

L.6.3 52.233-2 SERVICE OF PROTEST (AUG 1996)

(a) Protests, as defined in section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the General Accounting Office (GAO) shall be served on the Contracting Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from Contracting Officer's office, room 201 at the U.S. Embassy, Colombia 4300, Buenos Aires, Argentina.

(b) The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO.

L.7. 652.206-70 COMPETITION ADVOCATE/OMBUDSMAN (AUG 1999)

- (a) The Department of State's Competition Advocate is responsible for assisting industry in removing restrictive requirements from Department of State solicitations and removing barriers to full and open competition and use of commercial items. If such a solicitation is considered competitively restrictive or does not appear properly conducive to competition and commercial practices, potential offerors are encouraged to first contact the contracting officer for the respective solicitation. If concerns remain unresolved, contact the Department of State Competition Advocate on (703) 516-1680, by fax at (703) 875-6155, or write to: Department of State, Competition Advocate, Office of the Procurement Executive (A/OPE), Suite 603, SA-6, Washington, DC 20522-0602.

- (b) The Department of State's Acquisition Ombudsman has been appointed to hear concerns from potential offerors and contractors during the preaward and postaward phases of this acquisition. The role of the ombudsman is not to diminish the authority of the contracting officer, the Technical Evaluation Panel or Source Evaluation Board, or the selection official. The purpose of the ombudsman is to facilitate the communication of concerns, issues, disagreements, and recommendations of interested parties to the appropriate Government personnel, and work to resolve them. When requested and appropriate, the ombudsman will maintain strict confidentiality as to the source of the concern. The ombudsman does not participate in the evaluation of proposals, the source selection process, or the adjudication of formal contract disputes. Interested parties are invited to contact the contracting activity ombudsman, Edmund E. Atkins at telephone 5777-4413. For an American Embassy or overseas post, refer to the numbers below for the Department Acquisition Ombudsman. Concerns, issues, disagreements, and recommendations which cannot be resolved at a contracting activity level may be referred to the Department of State Acquisition Ombudsman at (703) 516-1680, by fax at (703) 875-6155, or write to: Department of State, Acquisition Ombudsman, Office of the Procurement Executive (A/OPE), Suite 603, SA-6, Washington, DC 20522-0602.

L.8. RESERVED

L.9 FINANCIAL STATEMENT

The offerors shall provide a current statement of its financial condition, certified by a third party, that includes:

Income (profit-loss) Statement that shows profitability for the past five years;

Balance Sheet that shows the assets owned and the claims against those assets, or what a firm owns and what it owes; and

Cash Flow Statement that shows the firm's sources and uses of cash during the most recent accounting period. This will help the Government assess a firm's ability to pay its obligations.

The Government will use this information to determine the offeror's financial responsibility and ability to perform under the contract. Failure of an offeror to comply with a request for this information may cause the Government to determine the offeror to be non responsible.

L.10 WRITTEN INQUIRIES

Offerors may submit written questions until 12:30 PM Buenos Aires Local Time on April 23, 2004. Written questions may be submitted: (a) by mail, using the address provided in block 9 of Standard Form 33, Solicitation, Offer and Award of this solicitation; (b) by faxing the questions to 5777-4220; or (c) by e-mail to BuenosAires-GSO@state.gov. Firms that are interested in participating in this solicitation should provide the Contracting Officer their name, address, telephone/ fax numbers, and e-mail address by any of the means listed above. All firms that provide this information will receive copy of the responses whether or not they have submitted questions.

SECTION M EVALUATION FACTORS FOR AWARD

M.1. Evaluation of Proposals

M.1.1. General. To be acceptable and eligible for evaluation, proposals must be prepared in accordance with Section L -INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS, and must meet all the requirements set forth in the other sections of this solicitation. Acceptable proposals will be evaluated pursuant to this section, and award shall be made as set forth in M.3 below.

M.2. Overall Evaluation.

Proposals will be evaluated in two phases: a technical evaluation to determine the acceptability of the offer to the solicitation technical requirements; and a price evaluation to determine the total evaluated price proposed by each offer. The "total evaluated price" is the cumulative total of the base year insurance plus all option years for the total quantity of employees specified in Section B.

The Government will make a responsibility determination by analyzing whether the apparent successful offer complies with the requirements of FAR 9.1, including:

- have satisfactory performance record during the last consecutive three years;
- being in the health insurance activity during the last fifteen consecutive years;
- adequate financial resources or the ability to obtain them;
- ability to comply with the required performance period, taking into consideration all existing commercial and governmental business commitments;
- satisfactory record of integrity and business ethics;
- necessary organization, experience, and skills or the ability to obtain them;
- necessary equipment and facilities or the ability to obtain them; and
- be otherwise qualified and eligible to receive an award under applicable laws and regulations.

M.3. Award Selection

M.3.1. General. The award selection will go to the lowest priced, technically acceptable, responsible offeror. As described in FAR 52.215-1, "Instructions to Offeror's - Competitive Acquisition" which is incorporated by reference in Section L, award may be made based upon initial offers, without discussions. The offeror must also be licensed/certified/accredited as described in Section M.5 (ii) below

M.3.2. Profit Sharing Credit Plan

In the event of equal proposals and in the event that one offeror presents an acceptable Profit Sharing Credit plan, the offeror proposing the most generous plan, in terms of benefit to the Government will receive the award.

M.4. Fixed Prices.

Offerors must propose fixed prices for the coverage identified in Section B - SERVICES AND PRICES. Proposals that do not include fixed prices cannot be evaluated for the total requirement and will be rejected.

M.5. Technical Evaluation. Offers will be evaluated on:

- (i) meeting each of the individual mandatory requirements/minimums for health insurance coverage specified in Section C through H and the Exhibit(s). The Government will reject as technically unacceptable proposals that:
 - (a) fail to provide the minimum benefits required by the solicitation; or
 - (b) offer additional benefits not required by the solicitation (even though there is no increase in the price).
- (ii) the demonstration that the offeror is licensed/certified/accredited or otherwise authorized by the government of Argentina or its agent (e.g., insurance commission, board) to provide health insurance coverage to persons (to include organizations, companies, groups) within the host country. and,
- (iii) meet all other terms and conditions set forth in this solicitation

If the offeror proposes a Profit Sharing Credit, it will be evaluated by the Government and the results will be used in the event of equally priced proposals. If the plan is offered by the low priced offeror, it will be included as a requirement within the contract.

M.6. 52.217-5 EVALUATION OF OPTIONS (JUL 1990)

The Government will evaluate offers for award purposes by adding the total price for all options to the total price for the basic requirement. Evaluation of options will not obligate the Government to exercise the option(s).

M.7. Quantities for Evaluation

For the purpose of evaluation, and for no other purpose, evaluation of prices submitted will be made on the basis that the Government will order the estimated quantities shown in Section B – SERVICES AND PRICES, of this solicitation.

M.8. Separate Charges

Separate charges, in any form, are not solicited. For example, proposals containing any charges for failure of the Government to exercise any options will be rejected. The Government shall not be obligated to pay any charges other than the contract price, including any exercised options.

M.9 Award Without Discussions

In accordance with FAR provision 52.215-1 (included in Section L of this RFP), offerors are reminded that the Government may award this contract based on initial proposals and without holding discussions, pursuant to FAR 15.610(a).

EXHIBIT A ORE EMPLOYEES RIDER

CATEGORY A: ORE SINGLE FEMALE EMPLOYEES		
Employee Age	Dependents	Estimated Number of Employees in Category (a)
<21 years	0	0
	1	0
	2	0
	3	0
	4+	0
21-30 years	0	0
	1	0
	2	0
	3	0
	4+	0
31-40 years	0	0
	1	0
	2	0
	3	0
	4+	0
41-50 years	0	2
	1	0
	2	0
	3	0
	4+	0
51-65 years	0	1
	1	0
	2	0
	3	0
	4+	0
>65 years	0	0
	1	0
	2	0
	3	0
	4+	0

CATEGORY B: ORE SINGLE MALE EMPLOYEES		
Employee Age	Dependents	Estimated Number of Employees in Category (a)
<21 years	0	0
	1	0
	2	0
	3	0
	4+	0
21-30 years	0	0
	1	0
	2	0
	3	0
	4+	0
31-40 years	0	1
	1	0
	2	0
	3	0
	4+	0
41-50 years	0	0
	1	0
	2	0
	3	0
	4+	0
51-65 years	0	0
	1	0
	2	0
	3	0
	4+	0
>65 years	0	0
	1	0
	2	0
	3	0
	4+	0

CATEGORY C: ORE MARRIED COUPLES (MALE OR FEMALE EMPLOYEES		
Employee Age	Children	Estimated Number of Employees in Category (a)
<21 years	0	0
	1	0
	2	0
	3	0
	4+	0
21-30 years	0	0
	1	0
	2	0
	3	0
	4+	0
31-40 years	0	1
	1	2
	2	3
	3	0
	4+	0
41-50 years	0	0
	1	0
	2	0
	3	1
	4+	0
51-65 years	0	1
	1	0
	2	0
	3	0
	4+	0
>65 years	0	0
	1	0
	2	0
	3	0
	4+	0

<p align="center">EXHIBIT B USG LOCAL RETIREES RIDER</p>
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OPTIONAL COVERAGE FOR RETIREES (POPULATION OF RETIREES + THEIR BENEFICIARIES)	
Age Ranks	Population of Retirees and beneficiaries (70)
0-5	0
6-10	0
11-15	0
16-20	0
21-25	3
26-30	6
31-35	0
36-40	0
41-50	2
51-55	0
56-60	8
61-65	15
66-70	12
71-75	12
76-80	7
81-85	3
86-90	1
91-95	1

EXHIBIT C IMMEDIATE FAMILY MEMBERS RIDER

OPTIONAL COVERAGE FOR IMMEDIATE FAMILY MEMBERS	
Age Ranks	Population (28 Beneficiaries in charge of 24 employees)
0-5	0
6-10	0
11-15	0
16-20	0
21-25	2
26-30	9
31-35	2
36-40	0
41-50	0
51-55	0
56-60	1
61-65	1
66-70	2
71-75	4
76-80	4
81-85	2
86-90	1

EXHIBIT D
MANDATORY LIST OF MEDICAL CENTERS AVAILABLE TO PLAN BENEFICIARIES

The following is a list of minimum requirements for medical centers which shall be available to beneficiaries under the Contractor's medical plan. The Contractor may offer services at medical centers other than those listed below, providing they meet equal or higher professional standards than those listed below.

NOTE (1): Medical centers designated as providing in-patient treatment and out-patient consultations for beneficiaries of the Contractor's plan. Beneficiaries seeking laboratory or radiological services within these designated medical centers will be considered to receive the services from the individual medical professionals providing these services, and coverage of and/or reimbursement for these services will be made according to the medical professionals' affiliation with (closed system) or lack of affiliation with (open system) the Contractor's medical plan.

Federal Capital

Clinica Bazterrica
Juncal 3002

Clínica del Sol
Av. Coronel Díaz 2211

Clinica Santa Rosa (Psychiatric Hospitalization)
Luis Maria Campos 1091

Clinica Las Heras (Psychiatric Hospitalization)
Avda. Las Heras 2492

Clinica San Camilo
Avda. Angel Gallardo 899

Clinica de Microcirugia
Pte. Peron 1834

Clinica La Sagrada Familia
J. Hernandez 1642

Clinica y Maternidad Suizo Argentina
Av. Pueyrredón 1461

Centro de Cirugia Especializada (Ambulatory surgery only)
M.T. de Alvear 2261 - 7o

Centro de Diagnostico S.A.R. (Outpatient consultations only)
Boyaca 92

Fundacion Favaloro (1)
Avda. Belgrano 1746

Fundacion Hospitalaria (1)
Cramer 4601

Hospital Aleman
Avda. Pueyrredon 1640

Hospital Britanico
Coordinacion Emilio Freixas
Perdriel 74

Instituto Argentino de Diagnostico y Tratamiento
M.T. de Alvear 2346

Instituto Cardiovascular de Buenos Aires
(for Cardiovascular Surgery)
Blanco Encalada 1543/47

Instituto Otorrinolaringologico
Pte. Peron 2150

Instituto de las Clinicas Cardiovasculares (1)
Paraguay 3128

Interdia (Ambulatory surgery only)
Viamonte 1438

F.L.E.N.I
Montañeses 2325

Sanatorio Agote
Dr. L Agote 2477

Sanatorio de la Trinidad
Cervino 4720

Sanatorio Mater Dei
San Martin de Tours 2952

Sanatorio Mitre
Bartolome Mitre 2553

Sanatorio Otamendi y Miroli
Azcuena 870

Unidad de Cuidados Intensivos
Cardiovascular Fundacion Pombo
Avda. Coronel Diaz 2423

North Area

Centro Medico San Carlos (Outpatient consultations only)
Ing. White 1024 - Victoria

Centro Medico Santa Rita (Outpatient consultations only)
Blanco Encalada 158 - Boulogne

Centro de Ojos San Isidro
Ituzaingo 157 - San Isidro

Centro de Traumatologia y Ortopedia
Avda. del Libertador 16.664 - San Isidro

Hospital Austral (1)
Fondo de la Legua 390 - Lomas de San Isidro

Clinica Olivos (1)
Avda. Maipu 1660 - Vicente Lopez

Clinica Privada Fatima (1)
Spadaccini 1084 - Belen de Escobar

Clinica Privada Independencia (1)
Luis Maria Drago 5681 - Munro

El Solar Grupo Pediatrico (Outpatient consultations only)
25 de Mayo 626 - San Isidro

Grupo Medico Lomas de San Isidro (Outpatient consultations only)
Monseñor Magliano 3041 - Lomas de San Isidro

Hospital Privado Modelo (1)
Gral. Roca 1811 - Florida

Hospital Universitario Austral
Panamericana Acceso Pilar, salida km 50
Av. Juan D. Perón 1500, Pilar

Instituto de Medicina Infantil (Outpatient consultations only)
Velez Sarsfield 20 - Martinez

Instituto Oftalmologico del Norte
(Piantoni, Gustavo; Lema, Julio)
Chacabuco 279 - San Isidro

Instituto Otorrinolaringologico
(Lacour, Miguel; Thompson, Valentin G.; Turin, Norberto D.)
Chacabuco 585 - San Isidro

Instituto del Corazon
Avda. Rolon 1927 - Boulogne

Sanatorio Trinidad San Isidro
Avda. Fleming 590 - San Isidro

San Isidro Medicina (Outpatient consultations only)
Avda. del Libertador 16.483 - San Isidro

Sanatorio San Lucas
Belgrano 369 - San Isidro

Unidad de Cirugia Plástica de San Isidro
(Aranceles preestablecidos)
Chacabuco 250 - San Isidro

West area

Clinica Bessone SRL (1)
Paunero 1652 - San Miguel

Clinica Modelo Moron (1)
Rep. O. del Uruguay 224 - Moron

Clinica Modelo Los Cedros (1)
Catamarca 2275 - San Justo

Clinica Nuestra Senora de Fatima (1)
Mayor Victor Vergani 830 - Pilar

Clinica Nuestra Senora del Buen Ayre (1)
Av. Ricchieri 396 - Bella Vista

Clinica Privada Pilar (1)
Av. Rivadavia 335 - Pilar

Consultorio Medico Privado (Outpatient consultations only)
Av. Rivadavia 14238 - Ramos Mejia

Corporacion Medica de Gral. San Martin (1)
Caseros 55 - San Martin

Hospital San Juan de Dios (1)
Ardoino 714 - Ramos Mejia

Instituto Medico Central SA (1)
Olazabal 319 - Ituzaingo

Instituto Otorrinolaringologo Panamericana

Shopping Country - Pilar

Policlinica Privada de la Ciudad (Outpatient consultations only)
Reynaldo Rodriguez 3784 - Ciudad Evita

Sanatorio Gral. Sarmiento Clinica Privada (1)
Av. Pte. Peron 1792 - San Miguel

South Area

Centro Integral de Diagnostico y Tratamiento
(Outpatient consultations only)
Acevedo 201 - Lomas de Zamora

Centro Integral de Especialidades Neurologicas y Terapeuticas
Mitre 1248 - Avellaneda

Centro de Diagnostico Integral (Outpatient consultations only)
Av. Hipolito Yrigoyen 7126/28 - Banfield

Centro de Diagnostico Pavon (Outpatient consultations only)
Av. Pavon 209 - Avellaneda

Clinica Materno Infantil Privada Lomas (1)
Acevedo 253 - Lomas de Zamora

Clinica Espora (1)
Espora 645 - Adroque

Clinica Estrada (1)
Flores de Estrada 5246 - Remedios de Escalada

Clinica Privada Monte Grande (1)
Gral. Rodriguez 158 - Monte Grande

Clinica Privada San Vicente de Paul (1)
Juan B. Palaa 325 - Avellaneda

Clinica del Nino (1)
Lamadrid 444 - Quilmes

Instituto Medico Adroque (1)
Segui 593 - Adroque

Instituto del Diagnostico (1)
62 370 - La Plata

Inter Nos (Psychiatric hospitalization)
San Martin 536 - Bernal

Sanatorio Bernal (1)
Av. San Martin 572 - Bernal

Sanatorio Modelo Quilmes (1)
Andres Baranda 282 - Quilmes

Sanatorio Privado del Nino (1)
Alsina 1519 - Lomas de Zamora

Sanatorio Profesor Itoiz (1)
Alsina 174/82 - Avellaneda

OUTSIDE FEDERAL CAPITAL AND SUBURBS

Consultorios Med. del Sol
Av. Libertador 243 - Pinamar

Hospital Privado de Comunidad (1)
Cordoba 4545 - Mar del Plata

Hospital Privado Centro Medico de Cordoba (1)
Naciones Unidas 346 - Cordoba

Policlinica de Cuyo (1)
Jose Vicente Zapata 63 - Mendoza

Sanatorio Adventista del Plata (1)
25 de Mayo 255 - Entre Rios

Sanatorio Parque (1)
Hipolito Irigoyen 273 - Salta

Sanatorio Parque del Rosario (1)
Blv. Oroqo 860 - Rosario

Sanatorio San Carlos (1)
Av. Ezequiel Bustillo Km.1 - San Carlos de Bariloche

Sanatorio de Ninos SA (1)
Av. Alvear 863 - Rosario